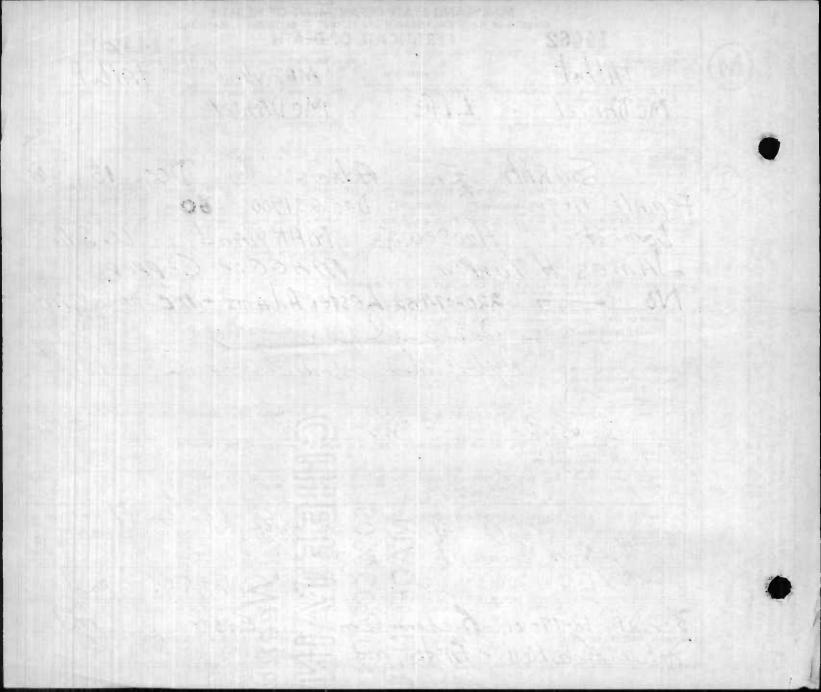
TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be need by the hospital an otherding physician.

TO FUNER. SIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 shauld be detoched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 attended to the filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death.

VR A15 (4) 1SM 9/59

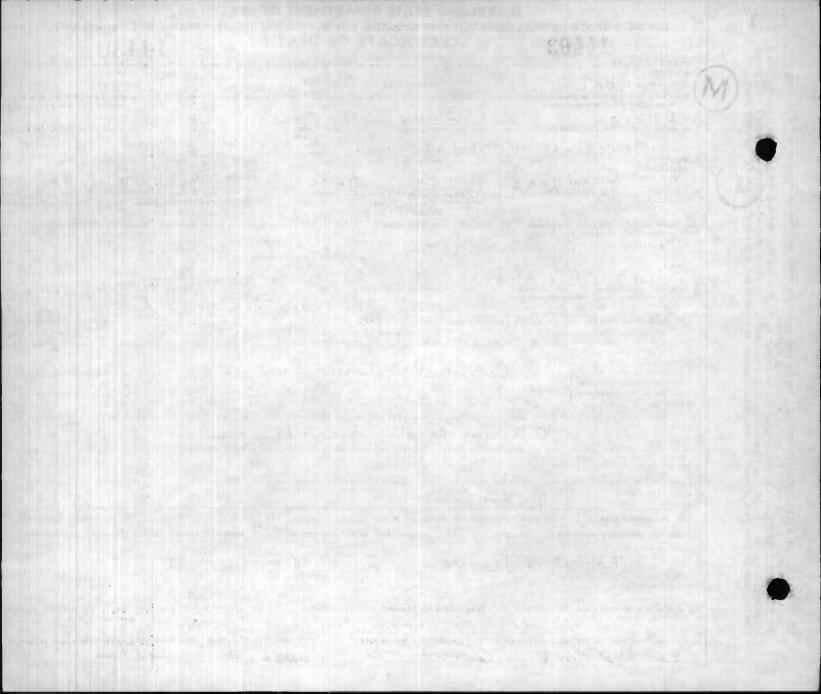
	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
	14462 CERTIFICATE OF DEATH 14429
)	1. PLACE OF DEATH a. COUNTY TAIL 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY TAIL 4. COUNTY TAIL 4. COUNTY TAIL 5. COUNTY TAIL 6. COUNTY TAIL 6
-	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH, OF STAY IN 1b c. CITY OR TOWN (Naukide corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM? YES \(\sum \) NO
1	3. NAME OF DECEASED (Type or print) SARAH F, Middle Adams. 4. DATE OF DEC. 13, 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED BADATE OF BIRTH 9. AGE (In years last of the day) Months Days Haurs Min.
	10a. USBAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY?
í	13. FATHER'S NAME Ames H. Toppin 14. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18. MOTHER'S MOTHER'S MAIDEN NAME 18. MOTHER'S MOTHER'S MOTHER'S MAIDEN NAME 18. MOTH
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT; Address 20-07-9452 LESTER ALAMS - MC-DANIEL, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO DUE TO (b) DUE TO (c)
)	, (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTIFIED TO THE TERMINAL DISEASE CONDITION GIVEN GIVE
	Zoc. TIME OF INJURY Manth, Day, Year White Not while at wark a
	21. I certify that (I) (this haspital) attended the deceased fram
ł	22a. SIGNATURE M.D. ATTENDING MED. STAFF SIGNED STAFF SIGNED
	22c. PHYSICIAN'S NAME (Type) BUY MREESERSI-22d. ADDRESS LEHMAN MA
	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c AME OF CEMETER'S OR CREMATORY 23d. LOCATION (City, town, or county) (State) DEVIA 13-11-61 Dichards Cem. EASTON MO.
	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATEDEC 21 '61 DATEDEC 21 '61



O FUR AAL DIRECTOR: After this certificate has been signed by the attending physician and completed libed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. The law requires that the death certificate be executed within 24 hours after TO HOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute death is 4 may be retained by the hospital or attending physician. TO FURGAL DIRECTOR: After this certificate has been signed by the attending physician and complete.

VR A15 (4) 15M 7/61 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14463
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY A L B O D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) 2. USUAL RESIDENCE (Where decessed lived, if institution; Reside a. STATE ARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	07
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
write KURAL and give nearest town)	va neerast town)
EASTON 2 days, 27 EASTON	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addess) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Memorian Hospital ifizsi Washington 3. NAME OF Lost 4. DATE Month Da	YES NO
3. NAME OF First Middle Lost 4. DATE Month Da	ay Yeer
(Type or print) BERNHARD AIREY BLOCK DEATH DECEMBER,	29 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED SEPT 1898 9. AGE (In years last birthday) Months Days 3 yrs.	
	OF WHAT COUNTRY?
done during most of working life, even if retired)	
MANAGER. LNSURANCE MARYLAND U.S	.4.
13. FATHER'S NAME	
BERNHARD A. DLOCK HBBEY EYERNIA KNELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	WASHINGTON
Yes, not, or unknown) (Ifyespivewarordelasofservice) 215-09.1141 MRS, GLADYS J. DLOCK EAST	IN MID
	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral thrombosis	3 days
332 X DUE TO	
Conditions, if any, which (b) Cerebral anteriosclerosis	Unknown
gave rise to immediata cause (a), stating the underlying DUE TO	
(e), stelling the underlying cause last,	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
arterios cleratic heart disease	PERFORMED?
With the second	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OF CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH CONTRIBUTING CONTRIB	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Hour a.m. While Not While et work at work at work	(Stete)
Hour a.m. While Not While factory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on	
22e. SIGNATURE ATTENDING / MED. STAFF	22b. DATE SIGNED
Robert W. Trever M.D. PHYS. M DIRECTOR PHYS. []	
22c. PHYSICIAN'S 22d. ADDRESS	
NAME (Type)	
30 AURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
The MUNICIPALITY CREMATION I ZSD. DATE THEREOF I ZSC. NAME OF CEMETERS OR CREMATORS I ZSG. LOCATION ICITY TOWN OF COUNTYS	3//
DELIFORNI (Specify)	11/2
REMOVAL (Specify) 12/30/61 WOODLAWNMEMORIAL LASTON	1/2
DELTOWN (Specific)	



STREET, BALTIMORE 1, MARYLAND RTIFICATE OF DEATH 14464 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased hived, If institution: Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress d. STREET ADDRESS Memorial Hospital NAME OF Middle Month DECEASED OF (Type or print) DEATH 12 and cor 6. COLOR OR RACE! 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED physician please remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) r attending physician. has been signed by the 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) Not While factory, street, office bldg., etc.) While Hour a.m. at work | et work | p.m. 21. I certify that (I) (this hospital) attended the deceased from 12.12 DIREC19.47., and that death occurred at 1.73.M, from the causes and on the date stated above. 220. SIGNALURE ATTENDING MED STAFF DIRECTOR PHYS. PHYS. M.D. 2/2c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Easton, Maryland 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) DATE THEREOF REMOVAL (Specify) \$ O F REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DAREC 2 6 '61 15M 7/61 Cirthun S. Thous

e. IS RESIDENCE ON A FARM?

YES NO X

Yeer

19

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEAT

> PERFORMED? NO DO

> > (State)

22b. DATE

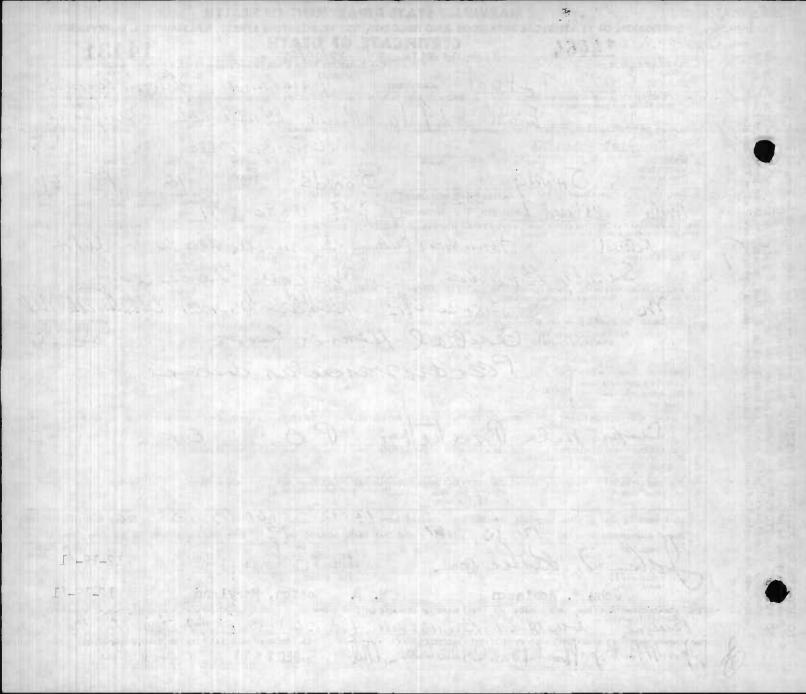
(Stete)

SIGNED

12-19-61

(County)

IF UNDER 24 HRS.

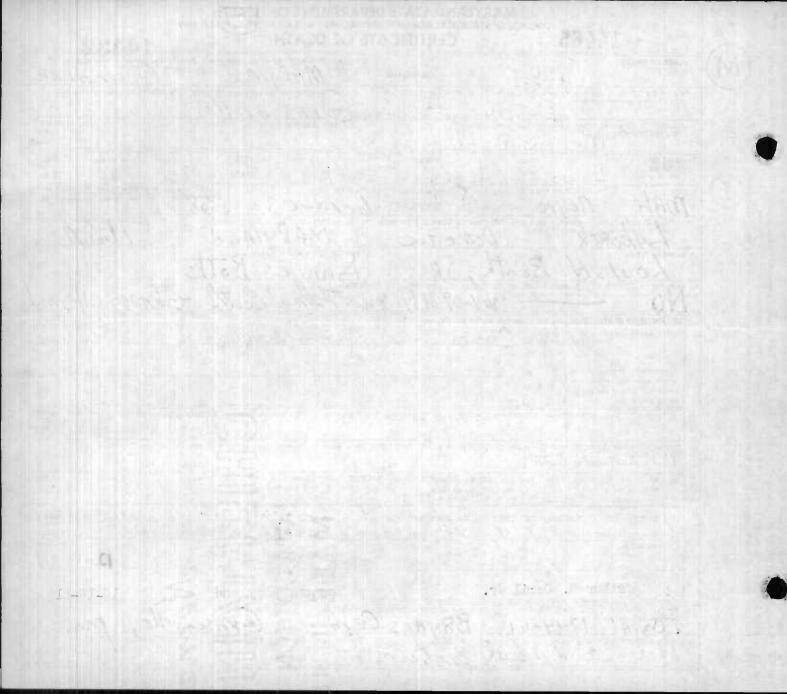


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14432

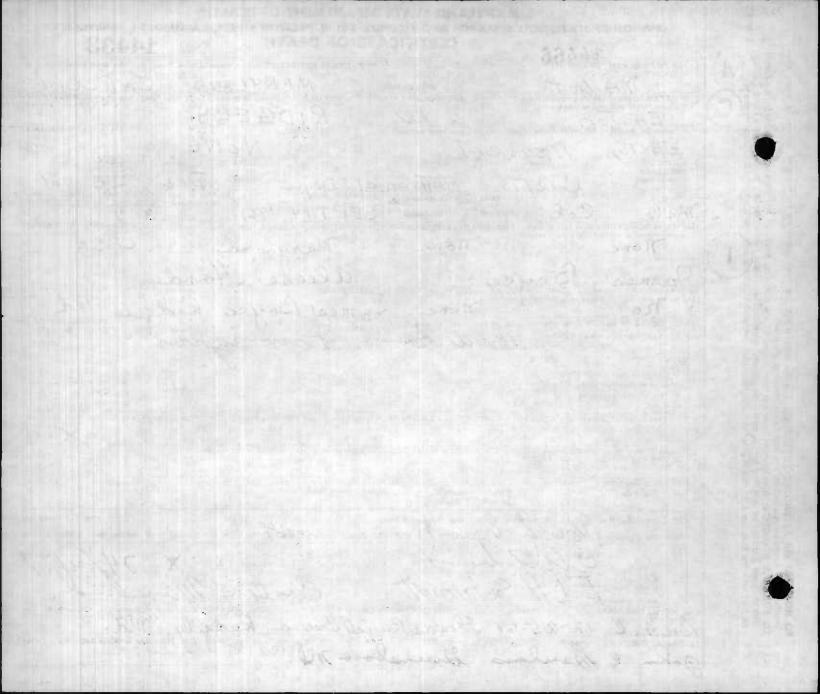
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 14465

	ACE OF DEATH COUNTY	TAlbo	+	MARYLANI	0.5	TATE MA	Ry/Ano	b. COUNT		before admission) on Anne	L
	CITY OR TOWN (RURAL and give n	If autside corporate limits,	, write c. LENGTH	OF STAY IN 1	b c. C	Prof TOWN	(If outside corpo	orațe limits, write	RURAL ond give	e nearest town)	
		LAS	STON	18 da.	-	SYA	Sonvi	116	1	7x.2	
d.	OR INSTITUTION	TAL (If not in haspital, giv	ve street address)	p. tal	d. 7	TREET ADDRES	SS			e. IS RESIDENCE ON A FARM YES NO	47
DE	AME OF CEASED (pe or print)	Louis	Henr	Middle ~	Boo	Host	4. DATE OF DEATH		anth	Day Yeor 196	1
S. SE	nale	1 Decem	7. MARRIED NEV	DIVORCED	B. DATE	OF BIRTH	3	9. AGE (In year last bridge)	Manths De	YEAR IF UNDER 24 H	-
	JSUA) OCCUPATION CONTROL OF WOR	ON (Give kind af wark da king life even if retired)	Dome 108 KIND OF B	USINESS OR IN	DUSTRY 11.	BIRTHPLACE (S	Ry/An	auntry)	12.CITIZE	OF WHAT COUNT	ry
13. FA	LCU I	sH. Bo	oth, S	R.	14.00	OTHER'S MAID	E B	01/5			
1S. W (Yes	AS DECEASED EVE	R IN U. S. ARMED FORCI (If yes, give war ar dates of serv		7-8884 17	MINFORMA	Tholm	a Booi	th -6	rason	ville, me	d
11	B. CAUSE OF DE	ATH [Enter only one cous	se per line for (o), (b), and (c).]	-		W	- 1		INTERVAL BETWEEN	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Casci	209020	18	Ospol	shoqu	A)		2 m	Ď
	150	DUE TO			_ /	F	A				
	Canditians, if										
	gove rise to i couse (a), stating										
	lying couse lost.) (c)_					- 11				
CATION	PART II. OT	HER SIGNIFICANT COND	ITIONS CONTRIBUTI	NG TO DEATH I	BUT NOT REI	ATED TO THE T	ERMINAL DISEAS	SE CONDITION G	IVEN IN PART 1	PERFORMED	?
CER	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW	INJURY OCCUI	RRED. (Enter	noture af injury	y in Part I or Po	rt II of item 18.)			
MEDICAL	Oc. TIME OF INJUI Hour a. m. p. m.	RY Manth, Doy, Year 19	20d. INJURY OCC While Not w at work at wo	hile	PLACE OF factory, stre	NJURY (Home, et, office bldg.,	farm, 20f. (City, etc.)	y or town)	(Cou	unty) (St	tote
2	1. I certify the	at (I) (this haspital)	gttended the d	eceased frai	m1//	22	196/ .ta	12/10	196/	, that (I) (we) I	las
S	aw the decea	sed alive on 12	19 196	L ond tho	t deoth o	ccurred at	A.M. from	the couses of	ind on the d	date stoted abo	ve
	20. SIGNATURE	~ B. C	le el	1/1	M.D. PH	TENDING X	MED. DIRECTOR	STAFF PHYS.		12-19-61	
l l	NAME (Type)	hur B. Ceci	l Jr.			Easton,	Maryla	nd	1	2-19-61	alter state
23a. 1	BURIAL, CREMATIC	12-14-6	1 BE	AE OF CEMETER	ORGREMA	TORY	23d 10CA	ASan Vi	or county)	md (Stote)	
24. Et	NERAL DIRECTOR	'S SIGNATURE	ADDI	RESS O	1	· 25g.	REC'D BY REGIS	TRAR 2Sb. REC	SISTRAR'S SIGN	IATURE	



				ı		
IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	death, at 4 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete led in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	8	
					1	P

MARYLAND STATE DEPARTMENT OF HEALTH	quantu
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
14466 CERTIFICATE OF DEATH 14	433
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution a COUNTY b COUNTY)	Residence before admission
79/bot MARYLAND MARYLAND CI	+ ROLINE
b. CITY OR TOWN (if outside corporate limits, write RURAL awrite RURAL and give nearest town)	nd giva neerast town)
EASTON 2 KW RIDGELY	02 X. T
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
LASTON MEMORIA! NOTE Month	YES NO
DECEASED	Day Year
(Type or print) CURTIS NATHANIEL BOYCE DEATH DEC	23 196/ R1 YEAR IF UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If UNDER Months) Months	Days Hours Min.
Male Cot, WIDOWED DIVORCED 55 1.14, 1961 yr. 3	TIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country)	MIZEN OF WHAT COUNTRY?
More Maryland	1. J.A.
13. FATHER'S NAME	
James Doyce Clease Handy	The state of the s
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, equinown) (Hyesgivewerordatesofeevice)	1 741
120 More James Doyce Redge	I INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end, (c).] PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
2 IMMEDIATE CAUSE (0) Cleul peruling mongequer	
- 40,3 DUE TO	
Conditions, if eny, which (b)	
(e), stefing the underlying DUE TO	
z part II. Other significant conditions contributing to death but not related to the terminal disease condition given in pa	DT 1/4/1 10 WAS ALITOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RERFORMED?
206. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	
	ounty) (State)
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (Company) (Com	
	0 that (1) (wa) last
Men I was I was I was	
saw the deceased after do. 12. In and that death occurred at 12. p.M., from the causes and on	22b. DATE
M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	24 Les la STENED
22c. PHYSICIAN'S 22d. ADDRESS 1 22d. ADDRESS 1	19 4701
NAME (Type) to the Schmid Castery Illan	lus
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of cou	nty) (Stete)
Memoral (Specify) 12-25-61 Thomas Burio Ground Redaely M	d.
24 FUNEBAL DIRECTOR'S SIGNATURE & ADDRESS 258. REC'D BY REGISTRAR 2514 REGISTRAR	
John E Boulais Dieensboro marie 2761 Chillan S.	Thank.
2080211XV4	



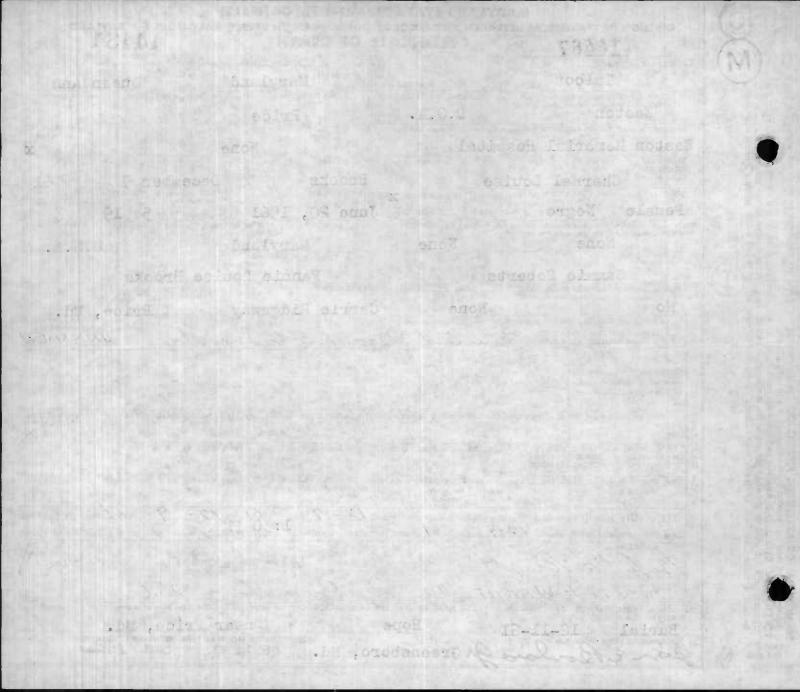
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14467 CERTIFICATE OF DEATH 14434

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whara daceasad lived, If Institution: Residence before edmission)								
a. COUNTY Talbot	a. STATE 36 b. COUNTY								
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY									
write RURAL and give nearest town)									
Easton D.O.A.	Price								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?								
Easton Memorial Hospital	None YES NO 5								
3. NAME OF First Middla DECEASED	Last 4. DATE Month Day Year OF								
(Type or print) Charnal Louise	Brooks December 9 19 61								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
Female Negro widowed Divorced	June 20, 1961 Solution of So								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	NOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
None None	Maryland U.S.A.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Sammie Roberts	Fannie Louise Brooks								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address								
(Yas, no, or unkown) (Ifyasgivewarordatasofservica) None	Connia Didmoware Duice 162								
18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c).]	Carrie Ridgeway Price Md								
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH								
MAMEDIATE CAUSE (a) Dulalows O	Broncho . Themania UNKNOWN								
DUE TO									
Conditions, if any, which (b)									
gave risa to immediata causa (a), stating the underlying									
causa last. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
PERFORMED? YES NO X									
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OC	CCURED. (Enter natura of injury in Part I or Part II of item 18.)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 208. ACCIDENT WAS UNDERLYING 209. DESCRIBE HOW INJURY OCCUPANT OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	Oo. PLACE OF INJURY (Homa, farm, † 20f. (City or town) (County) (Stata)								
Hour a.m. Whila Not Whila	factory, straat, offica bldg., etc.)								
21. I certify that (I) (this hospital) attended the deceased f	from 12-9 1961, to 12-9 1961, that (I) (we) last								
saw the deceased alive on 12-9 1961, and	that death occured at								
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED								
13. I. of The Marchet	M.D. PHYS. DIRECTOR PHYS. STAFF								
22c. PHYSICIAN'S	22d. ADDRESS								
ROBERT H WRIGHT MID	Greensher Ind.								
	ETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)								
REMOVAL (Spacify) Rupi el 12_11_61 Hop	near Price, Md.								
BUTIAL 12-11-61 HOP	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
	boro, Md. DATE DEC 12'61 Cutium & thank								
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IO MOSATAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after to death. The performed by the hospital or attending physician.	YO FULLAR DIRECTOR: After this certificate has been signed by the attending physician and complex	plnou	e be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14468

CERTIFICATE OF DEATH

44625

	Trado
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
o. COUNTY TAIL MARYLAND	a. STATE MORELOW b. COUNTY
b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	C. Of TOWN IN CONSIDER COMPOSITION MAINS, WITHER KOKAL BING GIVE INSCISSI TOWN
EASTON Taking	Denton Oskil
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddess)	d. STREET ADDRESS 0. IS RESIDENCE
EASTON Memorial Hospital	511 High Street YES 17 NO TX
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print)	D OF N
OARAN ELIZABETH	DECEMBER 17, 1961
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	PATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
TE TO WIDOWED DIVORCED	JULY 14, 1919 192 yrs.
10a. USUAL OCCUPATION (Give kind of work done durin most of working life, even if retired)	Y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Domestic Housewife	MAKY/And O.S.H.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Kinggold	Routha Rouce
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT . Address /
(Yes, to Inunkown) (Ifyesgive werordetes of service) 320-03-4420 I	PAULBROWN - Denton, md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	- 1 / INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	A LAS LAS & ONSET AND DEATH
IMMEDIATE CAUSE (6) Careenona	of the stand
DUE-TO-	10 la An
Conditions, if any, which (b)	Aprilad my toples
gave rise to immediate cause (e), stating the underlying DUE TO	
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	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
 	YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Pert I or Pert II of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) ory, street, office bidg., etc.)
p.m. 19 et work et work	
21. I certify that (1) (this hoppial) allended the deceased from.	, 19, 19, 19, that (I) (we) last
	death occured at A. S.M., from the causes and on the date stated above,
220. SIGNATURE	22b. DATE
M. Cellyson M.	D. ATTENDING MED. STAFF
22c. PHYSICIAN'S AME (Type) I A A CALL THE	22d. ADDRESS
E-6/7. 54/7/17/19/	125101, May 10170
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	DR CREMATORY 23d. LOCAFION (City, town or county) (Slete)
READ A Dec 23196/ Sandtown	1 Com Hillship, md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Marine Riverson Andrews	
John Caster M	DATE DEC 21 '61 Cirtum & Trans

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TO HOSSITAL OR ATTENDING PHYSICIAN: the law requires that the death certificate be executed within 24 hours after	death. To 4 may be retained by the hospital or attending physician.	TO FUREAL DIRECTOR: After this certificate has been signed by the attending physician and completed need in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper ages 1 and 2-should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	
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	DIVISIO	N OF ST	TATISTICA		LAND STATE RCH AND RECOR CERTIFICA	DS,	ARTMENT 301 W. PRES OF DEA	TON STR	ALTH EET, BALTIM	ORE 1, M	ARYLAND	
		14	469		CERTIFICA	416	OF DEA			4.44	200	
1.	PLACE OF DEA		,=100			11 2.	USUAL RESIDE	NCE (Where	deceesed lived, If	nstitution: Resi	dence before edmj	śsion]
	a. COUNTY	1	ALBOT		MARYLAND		e. STATE	Maryl	and b. coun		coline	
	b. CITY OR TOW write RURAL	N (if outside	corporete limit	s,	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWI	N (If outside c	orporete limits, write	RURAL end g	va neerest town)	
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	d. NAME OF HO	SPITAL OR	INSTITUTION (I	f not in hospit	tal, give street address)		d. STREET ADDRE		ago1)		a. IS RESID ON A FA	
	CA.	STON	MICA	orial	. HOSP		Non	le			YES NO	V
3.	NAME OF DECEASED		First		Middle	4	Last	4. DAT	E Month		yeer Yeer	
	(Type or print)		Sus	100			Supla	OF DEA	TH Dec	/	7 19 4	1
5	SEX	16 (0	LOR OR RACE		Character transport	8 DA	TE OF BIRTH		9. AGE (In years	IF UNDER 1 YE		
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	ne during most of				D OF BUSINESS OR INDU	STRY 11	. BIRTHPLACE (Co	ounty & State,	or foreign country)	12. CITIZE	N OF WHAT COU	NTRY?
	Housewi		, even il felife		None		Mann	land		TT C	A.	
_	FATHER'S NAM			-	.10110	1 14.	MOTHER'S MAID	EN NAME		Uex) • A •	
	N	larti	n Hick	cs			Mandy	Coni	sh			
15.	WAS DECEASED	EVER IN U.	S. ARMED FOR	CES? 16. 50	OCIAL SECURITY NO. 17	INFO	RMANT		Address		-	
(Ye	No or unkown)			I	None R	osi	e Johns	Ridg	ely. Ma	cyland		
		ATH WAS IMMEDIA any, which	DUE TO		Oleroni (p.	ye	lou efle	uks			INTERVAL BETWE ONSET AND DEA	TH
NO	PART II. OT	HER SIGNIF		TIONS CONT	RIBUTING TO DEATH BUT	NOT RE	LATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PART 1	19. WAS AUTO	OPSY
AT											YES NO	X
CERTIFICATION	20e. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	NG CAU	SE OF DEATH	20b. DESCI	RIBE HOW INJURY OCCUP	RED. (Ent	er netura of injury	in Pert I or Pe	rt II of item 18.)			
MEDICAL	20c. TIME OF 1 Hour a.	m.	Nonth, Dey, Yea	20d, IN While et work			OF INJURY (Home, fi street, office bldg.,		City or town)	(County) (Ste	te)
				100 11/1	ed the deceased from		/ /	1213/			., that (I) (we	
	saw the dec	eased ali	ve on	1 mu	1944, and th	nat dee	eth occured at	LAM, fr	om the causes	and on the		- Allerton
	22e. SIGNATU	RE	tu	Lawis		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		19 flee Ce	ATE
	22c. PHYSICIAL		HUPST.		ARRISON	M.D.	22d. ADDRESS	autur,	diary	land	19/Dec	6
23	BURIAL, CREM	ATION, 2	B. DATE THE	EOF	23c. NAME OF CEMETER	Y OR C	REMATORY	23d. L	OCATION (City, to	vn or county)	(Stete))
	Burial	ify)			Cokers			Gr	eensbor	. Mar	vland	
24	FUNERAL DIRECT	TOR'S SIGN	W	long	ADDRESS)	rel	25a. DI DATE	REC'D BY REC	GISTRAR 255 RE	GISTRAR'S 4810		

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LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 14470 director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence/optione admission) filed o. COUNTY b. COUNTY MARYLAND funeral uld be fi b. CITY OR TOWN (If outside corporate limits, write RURAL and given parameters) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 ploods e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO X 4. DATE OF DEATH NAME OF Month Yeor filled DECEASED Pages (Type or print) death IF UNDER 1 YEAR IS UNDER 24 HRS 9. AGE (In years lost birthdoy) 7. MARRIED NEVER MARRIED completely after (Hours WIDOWED | DIVORCED 12. CITIZEN OF WHAT COUNTRY? (Give kind of work done 10b. KIND NDUSTRY rking life, even if retired) oug UDC 13. FATHER physician b S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAT yes, give war or dates of service) attending INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' the and DUE TO by removal, Conditions, if ony, which permit. baub gave rise to immediate DUE TO couse (a), stating the underlying couse lost. attending physicion. been si buriol-transit (c) 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION cremotion, PERFORMED? hos YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 00 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Doy, Year foctory, street, office bldg., etc.) P Hour o. m While Not while 19 of work of work p. m After 21. I certify that (1) (this haspital) attended the deceased fram. detached saw the deceased alive an , and that death accurred at _____M, fram the causes and an the date stated above. DIRECTOR: 22b. DATE 22o. SIGNATURE ATTENDING M.D. DIRECTOR -PHYS. Board 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type = Aston Earle Aul page 3 sh the State TO FUNER 3 city; town, or county) 23o. BURIAL, CREMATION, (Stote 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR DEC 1 8 '61 VR A15 (4) Circuit & Trans 15M 9/59

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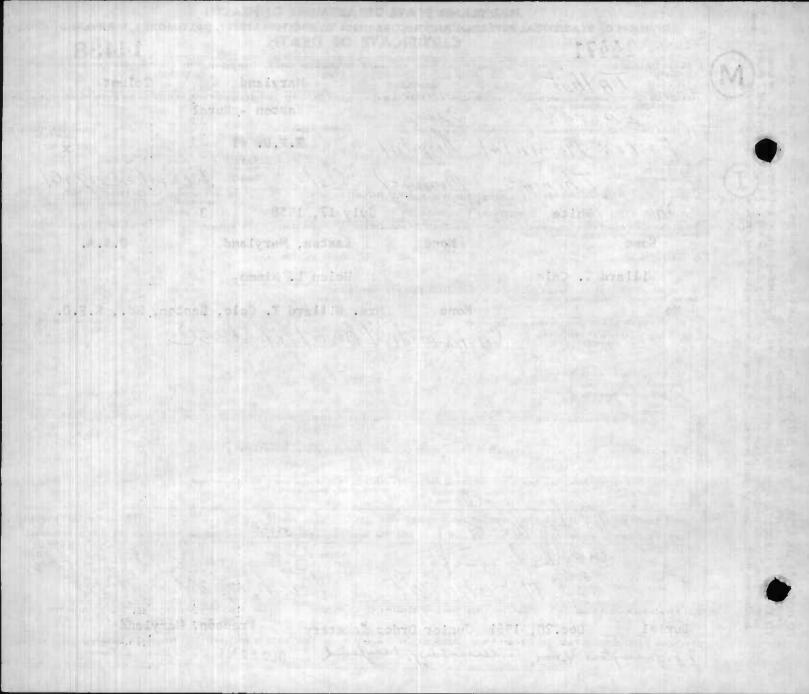
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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
14471	CERTIFICATE	OF DEATH	1	1438

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived, If Institution: Residence before edmission)
)	o. COUNTY To 16 +	a. STATE Maryland b. COUNTY Talbot
	// // MARYLAND	
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	EASTON Sdays	X Easton - Rural
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street andress)	d. STREET ADDRESS e. IS RESIDENCE
	East ON Memorial Hospital	R.F.D. #1 ON A FARM?
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Thomas Michael	Cole DEATH DECEMBER 171961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	, DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		July 17, 1958 3 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
	None	Easton, Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Willard T. Cole	Helen L. Nimmo
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unkown) (Ifyes give war or dates of service)	INFORMANT Address
		rs. Willard T. Cole, Easton, Md., R.F.D.
	1B. CAUSE OF DEATH [Enter only one cause per line tor (e), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	heart distance onset and DEATH
	IMMEDIATE CAUSE (a) 0769-67110	1.7001 9.500
	154.5 DUE TO	
	Conditions, if any, which (b)	
	geve rise to immediate cause (e), stetling the underlying DUE TO	
	cause lest. (c)	
	(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY
		PER ORMED!
1	/ [5]	YES NO [
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING), (Enter nature of injury in Pert I or Pert II of item 1B.)
		ACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State)
		tory, street, office bldg., etc.)
	p.m. 19 et work et work	
		, 19, to, 19, that (i) (we) las
		death occured an 135M, from the causes and on the date stated above
	22e. SIGNATURE	ATTENDING MED. STAFF TO DE 22b, DATE
	ellettermet ""	A.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) F-C-/T- SCHIMIAL	129101/ 181854101A.
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
	Burial Dec. 20, 1961 Junior Order	Cemetery Preston, Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	J. J. Franton & Son taderalsburg, her	yland DEC 22'61 Chilms & Trans
		W STATE OF THE STA



FOR STATE HEALTH DEPT l director. Page for your files. of Health, TO DET MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fit of the should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 shouls after death. VS. A1SME 5M 9/60

	MARYLAND STATE DEPARTMENT OF HEALTH	
Division of STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1.	MARYLAND

		14472 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14439
		PLACE OF DEATH COUNTY TA DOT MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) b. COUNTY TA DOT MARYLAND
		b. CITY OR TOWN (Il outside corporate limits, prite RURAL and give neerest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (Il outside corporate limits, write RURAL and give neerest town) The state of the state o
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO
		NAME OF DECEASED (Type or print) W: IAM Collins A. DATE OF DEATH Dev Year OF DEATH Dec. 21, 1961
	1	SEX ALE 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 14 8. DATE OF BIRTH SEX 14 10 10 10 10 10 10 10 10 10 10 10 10 10
)		LABORER TENANT-TARMER MARYIAND (1. S.A.
	-	JAMES Collins FANDIE MARTIN
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Ifyes give we por dates of service) (Ifyes give we por dates of service) (If yes give we por dates of ser
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (e).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) US SUPERATOR ONSET AND DEATH
	4	Conditions, il ony, which) DUE TO Sture lenned flows
		geve rise to immediate cause (e), steting the underlying cause last. DUE TO (c)
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 0
		20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Pert I or Pert II of item f8.)
N. Y.	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) Mour e.m. p.m. 12-H 1961 et work of the wor
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED
9		EXAMINER'S NAME (Type) WELT Address (Street, city, town, or county)
	A	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) WHOVAL (Specify) REASTON — Rural (Stete)
	23.	FUNERAL DIRECTOR Schall Faston, and DATE DEC 28'61 arily 8. Known

SIGNATURE OF THE SHIPPER SHIPPER SANGED SANGED ASSESSED.	
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	Pages 1	1
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מבווורמום ספ פא	g physician and remave carban	the same arrangement of the same area and the
	the attendin	o was at bear

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	CERTIFICATE OF DEATH
1.	PLACE OF DEATH a. COUNTY ARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution besides to be a county b. COUNTY Laborated by COUNTY L
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) G. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. A. S. I.A. W. G. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Memoria 4 Hospital A STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\) OR INSTITUTION
3.	NAME OF DECEASED (Type or print) SADIR MARY CRYER DEATH DECEMBER 6 1961
5/	SEX OF COLOR OF RACE OF MARRIED NEVER MARRIED B. DATE OF BIRTH OF BIRTH OF J. 1884 OF
10	1. USUAL OCCUPATION (Give kind/of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHEFACE (Stote or fareign country) 12. CITIZEN OF WYAT COUNTRY?
1	FATHER'S WAME I Server 14. MOTHER'S MADE LEONARD
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Cryll Address of service) 220-34-7387 Security Control of the service of dates of service of dates of service 220-34-7387 Security Cryll Supple Md
	18. CAUSE OF DEATH [Enter-only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO
CERTIFICATION	Cause (a), stoting the under- Lying couse lost. Cause (b) Cause lost. Cause (c) Cause lost. Cause (c) Cause (c
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m. 19 While at work of work
	21. I certify that (I) (this haspital) at lended the deceased from 19. It a
23	BURNAL, CREMATION, 234 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Mary full FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25g. PECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Paurice E. Neurama Son Easter, Md. DATE DEC 11 '61 Citing S. Thous

Letter Lement in the Cryssel Steel 226-37-2022 The said the said that the said the Marchael & Description of the St. Tay, 190 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

A death.

A may be retained by the hospital or attending physician.

You full that DIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper.

See I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 2

MARYLAND STATE DEPARTMENT OF HEALTH						
DIVISION OF STATISTICAL RES		, 301 W. PRESTON STREET E OF DEATH	r, BALTIMORE I, MARYLAND			
ACE OF DEATH COUNTY TATAOT	MARYLAND	a. SPAJE	b. COUNTY Crate limits, write RURAL and give nearest town			
CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rate limits, writa RURAL and give naarast town)			

T/	J. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased livad, If institution: Residence bafore admission)					
1	. COUNTY TALLOT MARYLAN	b. COUNTY					
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN						
	write RURAL and give nearast town)	6 / 1/ 1/ 1/21/2					
	EASTON Lawy	(2n+reville /1x2					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?					
	Easton MEMORIAL NOSA	YES NO [-]					
\ c	3. NAME OF First Middle	Last 4. DATE Month Day Year					
1	(Type or print)	Daylo DEATH DEA 20 10 //					
/-	CVH	1/A 1/3					
	5. SEX 6. COLOR OR RACE 7. MARRIED HEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.					
	Temale Col WIDOWED DIVORCED	8-10-111 50 yrs.					
	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (County & Steta, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
-1	LADORET Damestic	MARYLAND WCA.					
ŀ	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME					
1	11.	Barbarda Parcification					
	HARVEY Johnson	17. INFORMANT Address					
- 1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, No. or unknown) (Ifyas giva wer or dates of service)	17. INFORMANT Address					
	NU	William Dans Centriculte, hall					
	18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: SEDTICED	7 A					
	E						
	3 10 . d. DUE TO PECITORS	1710					
	Conditions, if any, which gave risa to immadiate cause (b)						
	(a), stating the underlying DUE TO	to in the authoris					
	cause last. (c) INESSEITI	10000000000000000000000000000000000000					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
1	ř.	YES NO					
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URED. (Enlar natura of injury in Part I or Part II of item 18.)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING 20USE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
		. PLACE OF INJURY (Homa, farm, † 20f. (City or town) (County) (Steta)					
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e While Not While et work all work	factory, street, office bldg., atc.)					
	p.m. 19 ef work al work						
П	21. I certify that (I) (this hospital) attended the deceased fr	om, 19, to					
	saw the deceased alive parties by the and	that death occured at					
	228. SIGNATURE COV. A VIA.	, 22b., DATE					
	College	M.D. PHYS. DIRECTOR PHYS.					
	22c. PHYSICIAN'S	22d. ADDRESS					
1	NAME (Type) to Cot Son Idl	Easton, Manidad.					
	P.CIN SCIIII	TERY OR CREMATORY 23d, LOCATION (City, town or county) (State)					
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)					
	Bynd JAN. 3,1960 CARNICE	hael cem ducenstown Md.					
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
	X lenes XI h Jarfill / Fastin ?	DATE AN 4 '62 arising S. Krous					
I,	7 ///						

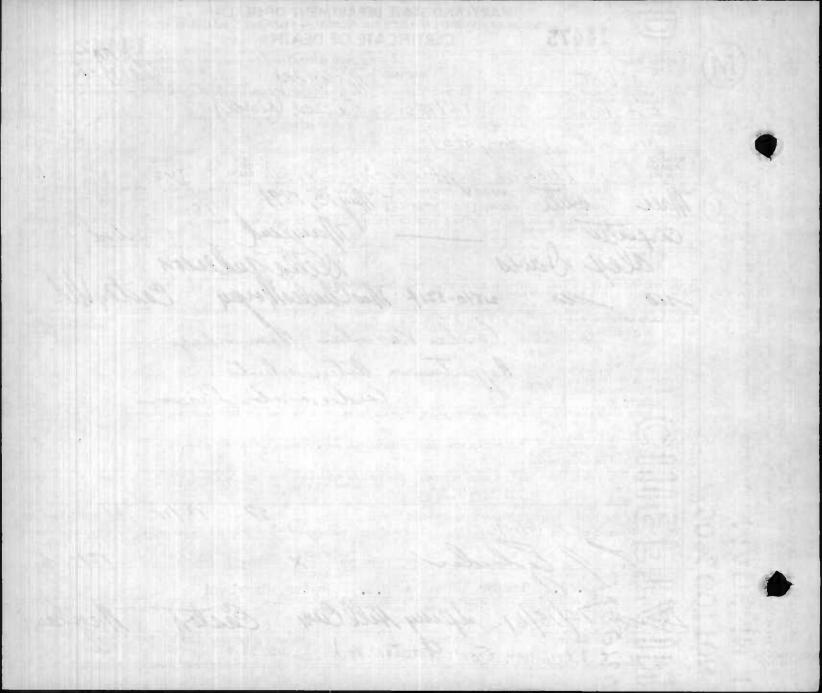
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	14475	C	ERTIFICA	ATE OF DE	ATH		140	142	
1. PLACE OF DEATH	bot		MARYLAND	2. USUAL RESIDI	ENCE (Where deced	b, CO		perore demissio	on)
RURAL, and giv	N (If outside corporate lime re nearest town)	nits, write c. LENGTH	GRS IN 16	CASIO	WN W Suprise co	rporate limits, w	rrite RURAL and gi	ve nearest town)	
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital,	give street oddress) HOSPita	/	d. STREET AD	DRESS	1		e. IS RESID ON A F YES	FARM?
3. NAME OF DECEASED (Type or print)	Thon	rst 103 //	Middle HERMA	Lost DA	VIS 4. DAT		Month DCC	15 19	961
Mall	Wille	7. MARRIED NEV	DIVORCED [8 DATE OF BIRTH	1891	9. AGE (In lost birth	doy) Months	Days Hours	Min.
Carpen	ATION (Cive kind of work working life, even if retired	done 10b, KIND OF BI	USINESS OR INDE	Mai	yeard	n country)	12.CITIZ	EN OF WHAT CO)UNTRY?
13. FATHER'S NAME	ex Na	uls		14. MOTHERY A	MAIDEN NAME	klus	M		1
1S. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FO			Les Class	les/long	ry	Casto	y lld	
	DEATH [Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	o) Cerel), ond (c).]	ulan	Heme	nhy		ONSET AND D	WEEN
	ing the <u>under-</u> DUE TO	b) Hyperle	ensive	ardion	silende	Dise	m		
CATIC	OTHER SIGNIFICANT CON		NG TO DEATH BU	IT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITIO	N GIVEN IN PART	PERFOR	MEDOLY NO
	WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW	INJURY OCCURR	ED. (Enter noture of	injury in Port I or	Port II of item 1	B.)		
20c. TIME OF IN Hour o. p.	m. 10	While Not work of work	hilef	LACE OF INJURY (Hooctory, street, office		City or town)	(C	ounty)	(Stote)
	that (1) (this haspital	11		death accurred	at 5 M, fra		15 , 19 6 es and an the		
220. SIGNATUR	1. 11.15	Seeder		M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.			DATE
22c. PHYSICIAN NAME (Typ	L. J. Eg		M.	D. East	on, Mary				
1 milia	ATION, 234 DATE THERE	61 84	OF CEMETERY	nee Can	1. 6	asloy	1 /	Jany Co	rug
Mauric	E LAUMO	um Sow	Leston	u, md.	DATE DEC 2 1	istrar 2st	REGISTRAR'S SIG	Tara .	



led in by the funeral The law requires that the death certificate be executed within 24 hours after TO HOSCIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with death.

I 4 may be retained by the hospital or attending physician.

IO FUNCTAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers as be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

1. P

3.

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10e. don 13.

15. (Yes

CERTIFICATION

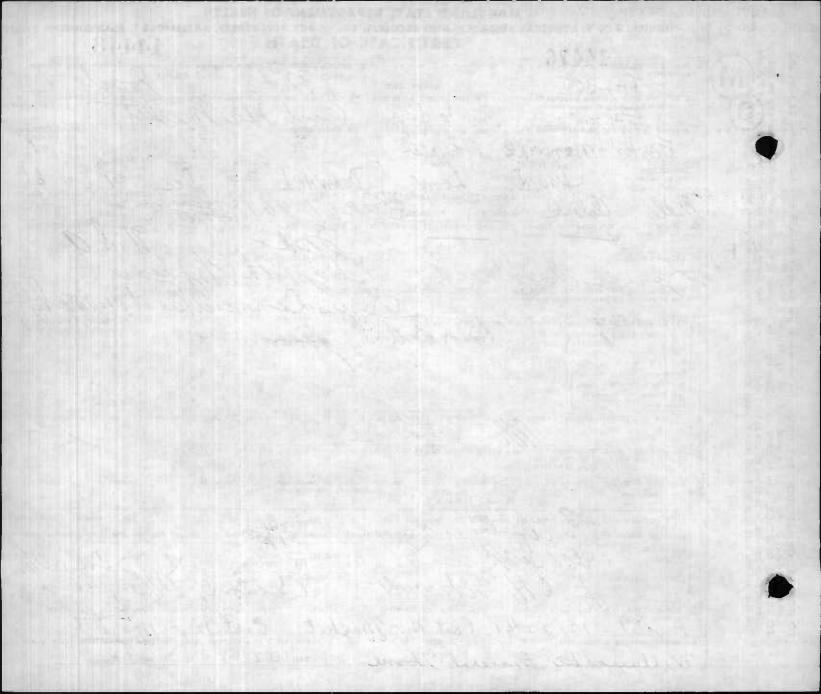
MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH					
DIVISION OF STATISTICAL RESEARCH AND REC	CORDS, 301 W. PRESTON S	TREET, BALTIMORE 1, MA	ARYLAND		
11.170 CERTIFI	CATE OF DEATH	1444	3		
PLACE OF DEATH		here decessed lived, If Institution: Resid	dence before admission)		
TALBOT MARYLI	IND . STATE	b. COUNTY	V		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	IN 16 c. CITY OR TOWN (If outsi	de corporate limits, write RURAL end gi	ve nearest town)		
EASTON 6 day	o. Quest h	ew Markel			
I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM2		
EASTON Memorial Hospital		09X'	YES NO		
NAME OF DECEASED First Middle		PATE Month D	ay Year		
Type or print) David Leon	JUNIVIN ATTECL	eath Vec 2	19 61		
SEX 6. POLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YE)			
WIDOWED DIVORCED	13/20/1/01	1 1 1 2 2 C			
USUAL OCCUPATION (Give kind of work during most of working life, exen if retired)	NOUSTRY 11. BIRTHAPLACE (County & Si	tete, or foreign country) 13 511/261	WHAT COUNTRY?		
FATHER'S NAME	1110	A MIL	J. U		
PARTIER'S NAME	14. MOTHER'S MAIDEN NAME	+ Il Akar			
WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO.	17. INFORMANT	Address	A		
i, no, or unkown) ((flyesgivewarordatesofservice)	X dom	ne & Coast A	en Markt		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).	Jours 10	rain, early	INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:	trol by	- wet	ONSET AND DEATH		
IMMEDIATE CAUSE (a)	and your				
Conditions, if any, which (b)					
gave rise to immediate cause					
(e), stating the underlying cause last.		PERSONAL PROPERTY.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY		
Mongoly			PERFORMED?		
208. ACCIDENT WAS UNDERLYING 206. DESCRIE HOW INJURY OF	CCURED. (Enter neture of injury in Pert I o	or Pert II of item 18.)			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	Oe. PLACE OF INJURY (Home, farm, 20 factory, street, office bldg., atc.)	f. (City or town) (County)	(State)		
Hour a.m. White Not White at work 19 at work	lactory, silver, office orage, elc./				
	from	., to	, that (I) (we) last		
		from the causes and on the			
220. SIGNATURE	ATTENDING MED.	STAFF 1 / >>	22b. DATE		
Ellyphins	M.D. PHYS. DIRECTO	OR PHYS.	Nec 1901/		
22c. PHYSICIAN'S NAME (Type)	1/ 22d. ADDRESS OF	to Illan	lend		
F. C.11. SCI 11116.	1 car	core, office of			
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	ETERY OR CREMATORY 23d	LOCATION (City, town or county)	(Stete)		
13 weed 1/2/22/6/ East Mu	Markel C 25a. REC'D BY	REGISTRAR 256, REGISTRAR'S SIG	KUL NATURE		
FUNERAL DIRECTOR'S SIGNATURE ADDRESS		= 104			
Villaughby turneral Ho	me DEC 2	7'61 arthur 8, 10	raus		
LO67435 XV2		The granding			

VR AIS (4) 15M 7/61

Busial 12/ 24 FUNERAL DIRECTOR'S SIGNATURE

23a



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CI	ER	TIF	IC	A	TE	0	F	D	E	A'	T	1

14444

- 1							
	1. PLACE OF DEATH O. COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE: b. COUNTY					
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Meyn orial Hospital	d. STREET ADDRESS 401 Haussull. e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)					
	3. NAME OF DECEASED (Type or print) First Middle There	Deyden 4. DATE DE CMonth Day Year DEATH DEATH 13 1961					
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8 DATE OF BIRTH 1 1967 9. AGE (In years last birthday) Wanths Days Haurs Min.					
	10a. USUAL OCCUPATION (Give kind of wark dane to the during most of warking the even if retired) Example 10b. KIND OF BUSINESS OF INDUSTRIES	TRY 11. SIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	13. FATTER'S NAME W. Sydew	Thornes Taylor					
	15. WAS DECEASED EVER IN U. S. AMMED FORCES? 16. SOCIAL SECURITY, NO. 17. IN (If yes, give yet or, dates of service) 2/3 -0/-/628	Tabert gryllen Eslou Md.					
	18. CAUSE OF DEATH [Enter anly one cause our line for (g), (b), any (c) 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MARKET AND PEATH 420. DUE TO Canditions, if any, which gave rise to immediate (b) (c) (c) (d) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f						
	cause (a), stating the under. DUE TO lying cause last. (c)						
-	CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)					
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED for While Nat while at wark 19 at wark 19	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) tary, street, affice bldg., etc.)					
	21. I certify that (I) (this haspital) ottended the deceased fram. saw the deceased alive on 12-13 1961, and that deceased	leath occurred of M. from the causes and on the date stated above.					
		M.D. ATTENDING MED. STAFF PHYS. 120 STAFF					
	22c. PHYSICIAN'S NAME (TYPE) WILLIAM L. WINTERS	210 & DOVER EASTONMS					
	23g. BURIAL, CREMATION, 231. DATE THEREOF 23c JAME OF CEMETERY 9 LEWYS LISTS OF CEMETERY 9 LEWYS LINE OF CEMETERY 9	Crewdory Ballimore Mel					
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fasto	W, Md 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					

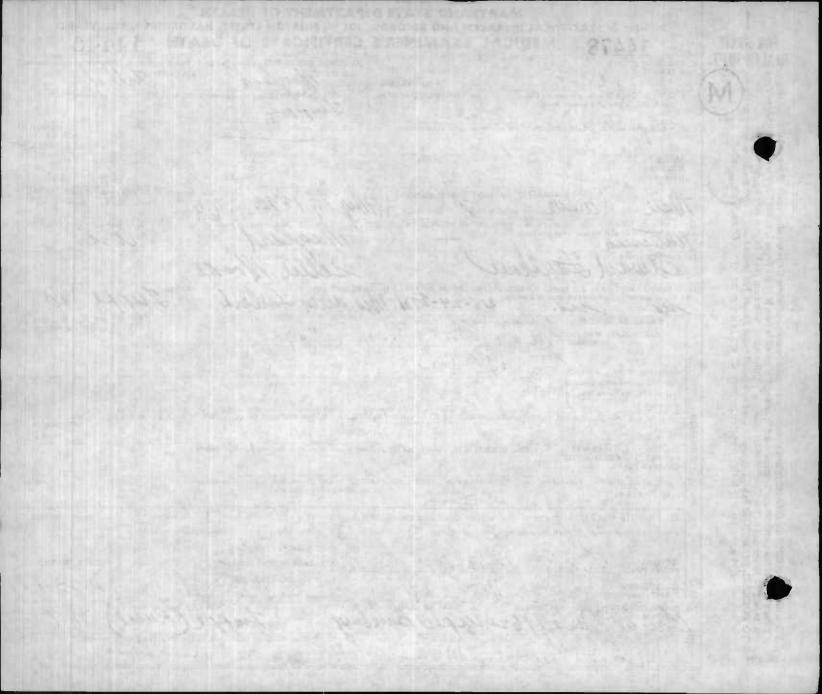
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FOR STATE HEALTH DEP TO DEP MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any selector, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the feature of interactor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be cetain for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 very the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14478 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1445

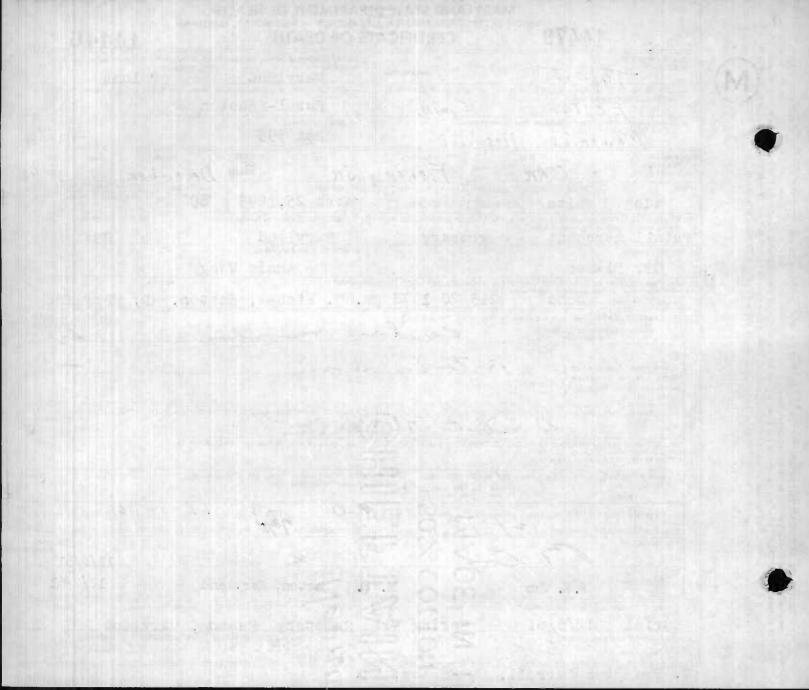
•	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution;	Residence before edmission)
	· COUNTY TALBOT	MARYLAND	a. STATE HOLYLAND b. COUNTY Ja	Mak.
	b. CITY OR TOWN (if outside corpor write RURAL and give nearest to	ate limits, c. LENGTH OF STAY IN 1		nd give nearest town)
		TION (if not in hospital, give street addrass)	J d. STREET ADDRESS	e. IS RESIDENCE
0	Memorial	Hospital		YES NO
)	3. NAME OF DECEASED (Typa or print) Harry	First Middle ED9AR	Faulkner Dec.	39 196/
	Male While	RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH What 19, 1892 9. AGE (In years If UNDER last birthday) G yrs. Months	1 YEAR IF UNDER 24 HRS. Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind dope doing most of working life, even		STRY OF BIRTHOLACE (Stele-or foreign country) 12. CI	IZEN OF WHAT COUNTRY?
i	13. FAMELS NAME LAW	ulkuei	14. MOTHER SAMIDEN NAME HOOKE.	
Į	15. WAS DECEASED EVER IN U.S. ARM (Yes, no, or unkown) (Ifyesgivewarord		Mrs. alley Tarbert Traj	spe Med.
	PART I. DEATH WAS CAUSED	2	emorrhage	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if eny, which gave rise to immediate cause	OUE TO WE TO		
	(a), steting the underlying cause lest.	(c)		
	PART II. OTHER SIGNIFICANT DEL 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEL 2015 OF DEATH.		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		206. DESCRIBE HOW INJURY OCCURED). (Entar nature of Injury in Pert I or Part II of item 18.)	
	ZOc. TIME OF INJURY Month, I Hour a.m. p.m.		PLACE OF INJURY (Home, farm, 2Df. (Cily or town) (Colectory, streat, offica bldg., etc.)	unty) (State)
	21. I certify that I took cha	arge of the remains described above,	held an Autopsy , Inspection , Inquiry ,	and in my opinion
k	death resulted from: Natu	ural causes Accident , Su	uicide, Homicide, Undetermined manner	
	ACTUAL Zens	Mont	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
)	SIGNATURE	lid)	DEPUTY MEDICAL EXAMINER	4 to show
6	EXAMINER'S NAME (Type)	WELTY	Addrass (Street, city, town, or county)	17-30-61
	22a. BURDAL, CREMATION, 22b. DATE (Specify) Law 2	,1962 Upper Bas	OR CHEMATORY 22d. LOCATION (City, lown, or country Lappe Russ	() Mq.
A	23. FUNERAL DIRECTOR Man 2 182 E. N.	wham son Eas	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S S	
4			7	



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	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAN
1447	9 CERTIFICATE OF DEATH

14479 CERTIFICATE OF DEATH 14446												
1.	PLACE OF DEAT	Tolbot	-	MARY		usual RESIDENCE (WHo. STATE Marvla		b. COUNTY	on: Residence		ian)	
		CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn))	
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION MEMORIAL HOSPITAL					1	d. STREET ADDRESS Box 595				e. IS RESIDENCE ON A FARM? YES NO 24		
3.	NAME OF DECEASED (Type or print)	C	First	Middle Fish	PR'	JR.	4. DATE OF DEATH	Decem	bore	,	Year 19 61	
5.	Male	6. COLOR OR White		D DIVORCE		arch 25,		9. AGE (In years last birthday) yrs.		YEAR IF UNDE	R 24 HRS. Min.	
	during most of	ATION (Give kind of working life, even if merchant	retired)	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (State	**	iuntry)		USA	OUNTRY?	
13.	FATHER'S NAME				14	. MOTHER'S MAIDEN N	NAME					
	Orr Fisher Annie Vagg											
15. (Ye	WAS DECEASED s, no, or unknown) NO	EVER IN U. S. ARME	ates of service)	social security no.	17. INFOR	7771 4 4		astoh,		arylar	nd	
		DEATH [Enter anly DEATH WAS CAUSEL IMMEDIATE CA		e far (a), (b), and (c).	lara	l Henry	oul			INTERVAL BE	TWEEN DEATH	
	Conditions, if any, which gave rise to immediate (b) arter includes											
		ting the under-	(c)									
CERTIFICATION	PART II.	OTHER SIGNIFICAN	CONDITIONS C	CONTRIBUTING TO DEA	ATH BUT NOT	RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	VEN IN PART 1	(a) 19. WAS PERFO	RMED?	
CERTIFI	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF D TIFY MEDICAL EXAM	EATH	CRIBE HOW INJURY OF	CCURRED. (E	nter nature af injury in	Part I ar Part	II af item 1B.)				
MEDICAL	Haur a		y, Year 20d. It While at war	Nat while		OF INJURY (Hame, farm street, affice bldg., etc		ar tawn)	(Car	unty)	(State)	
~	21. I certify	that (I) (this has	spital) attend	ed the deceased		el- 19	5-3, ta_	12-1				
	saw the dec	ceased alive an		19_6.(, and	that deat	h accurred at 127	M, fram	the causes ar	d an the		abave.	
	22c. PHYSICIAN		Co	-	M.D.	ATTENDING M PHYS. DI 22d. ADDRESS	ED.	STAFF PHYS.		12/2/61	SIGNED	
	NAME (Ty	P.E.	Cox		M.?D.	Easton,	Maryl	and		12/2/6	1	
230	BURIAL, CREM REMOVAL (Spe Burial	ATION, 23b. DATE T	HEREOF	23c. NAME OF CEMI	ETERY OR CR		15000	TION (City, tawn,		(Stat	e)	
24.		TOR'S SIGNATURE	2 10	ADDRESS	(700)	Cemetery 25a. REC	East D BY REGIST C 6 '61	RAR 25b, REGI	TY 18 no STRAR'S SIGN Uhun S. H			
Y	V. Fran	ipton Gar	roll,	Easton	ı, Md.							

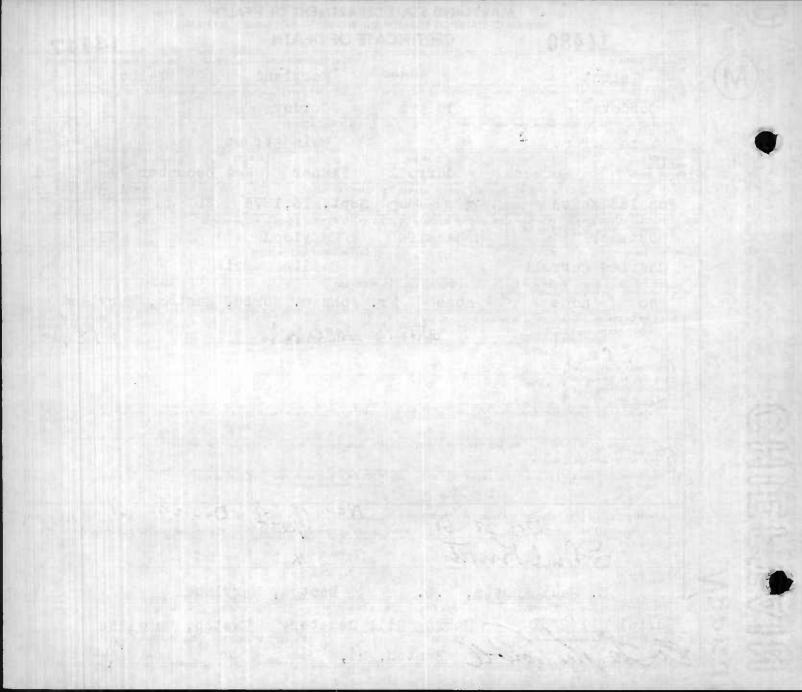


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 14480

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1. 6	COUNTY	204		MARY	LAND	a. STATE			d lived. If instituti b. COUNTA	on: Residence	before od	lmission)
-	26 04 200	outside corporate lim	ta maita	c. LENGTH OF STAY	INC 16	Maryrand laroot						
,	RURAL ond give ne	orest town)	is, wille	30 yrs		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) **Cordova**						
	. NAME OF HOSPITA	AL (If nat in hospital, (ive street	oddress)		d. STREET A	DDRESS			- A-5 P	e. 1S	RESIDENCE
	or Institution Main	Street				Ma	in S	treet				N A FARM?
1	NAME OF DECEASED Type or print)	Rebec		Middle Carro		Fish		4. DATE OF DEATH	Decemb		Day	Year 1961
5. 5	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	ED B	DATE OF BIRT	Н		9. AGE (In years		YEAR IF U	NDER 24 HRS
	Female	White	WIDOW			Sept.	15,1	875	86 yrs.	Months D	ays Ho	urs Min.
10a	. USUAL OCCUPATIO	N (Give kind af wark ing life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPL	ACE (State	or foreign c	ountry)	12. CITIZE	N OF WH	AT COUNTRY?
	housewo		'	housewif	е	Mar	ylan	d		U	SA	
13.	FATHER'S NAME	EL PERO				14. MOTHER'S	MAIDEN I	NAME				
	Charles	s Carroll				Sal	lie	Morri	.S			
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17, INF	ORMANT			Add	ress	-65	-24-7
(103	no	none	ervice)	none	Mr.	John	C. N	orth,	Easton	, Mar	ylar	nd
	18. CAUSE OF DEA	TH Enter anly one co	use per li	ine for (a), (b), and (c).							INTERVA	L BETWEEN
	100 100 100 100 100 100 100 100 100 100	TH WAS CAUSED BY:		ant	inn	Acec	1000				ONSET A	MD DEATH
	Lung r	IMMEDIATE CAUSE (0000	77 004		~			10	100
	15	DUE TO										
	Conditions, if ar gave rise to in	nmediote	•									
	cause (a), stoting t		,									
7	lying couse last.) (0										
TIO	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART I	PE	RFORMED?
ICA					- 1			35 3			YES	□ NO □
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY O	CCURRED	(Enter noture o	of injury in	Port I ar Por	t II of item 18.)			
CAL		Month, Day, Ye	or 20d. I	INJURY OCCURRED	20e. PLA	E OF INJURY	Hame, farn	n, 20f. (City	y or town)	(Cou	unty)	(State)
WEDICAL	Haur o.m. p.m.	19	While	Nat while	fact	ory, street, office	e bldg., etc	c.)				
~		t (I) (this bassita		ded the deceosed	fram	NOU.	18 10	58 10	Dec 29	1061	that /	I) (we) lost
	saw the deceos			28 1961, ond			11/55					
	22a. SIGNATURE	CO 4	1	TO ONG	11101 46	dill occorre			The cooses an	id on me c	2016 310	22b, DATE
	(Fraul	Sn	wills	N	.D. PHYS.	G X M	NED.	STAFF PHYS.			SIGNED
	22c. PHYSICIAN'S NAME (Type)					22d, ADDR	ESS					
	TYPET (Type)	E. Paul I	not	ts. M.D.		Den	ton.	Mary	rland			
23a	BURIAL, CREMATIO	N, 23b. DATE THERE)F	23c. NAME OF CEM	ETERY OR	CREMATORY		23d. LOCA	TION (City, town,	or county)		(Stote)
	REMOVAL (Specify) Burial	1/2/62		Spring	Hill	Cemet	erv	Eas	ston. Me	rvlan	d	
24.	FUNERAL DIRECTOR		1	ADDRESS			_	D BY REGIS		STRAR'S SIGN	IATURE	
1	O la	mole la	ver	East	on,	Md.	DATE	N 3 '6	52 w	ulun 2. M	inna	
5	7/200	1	/									

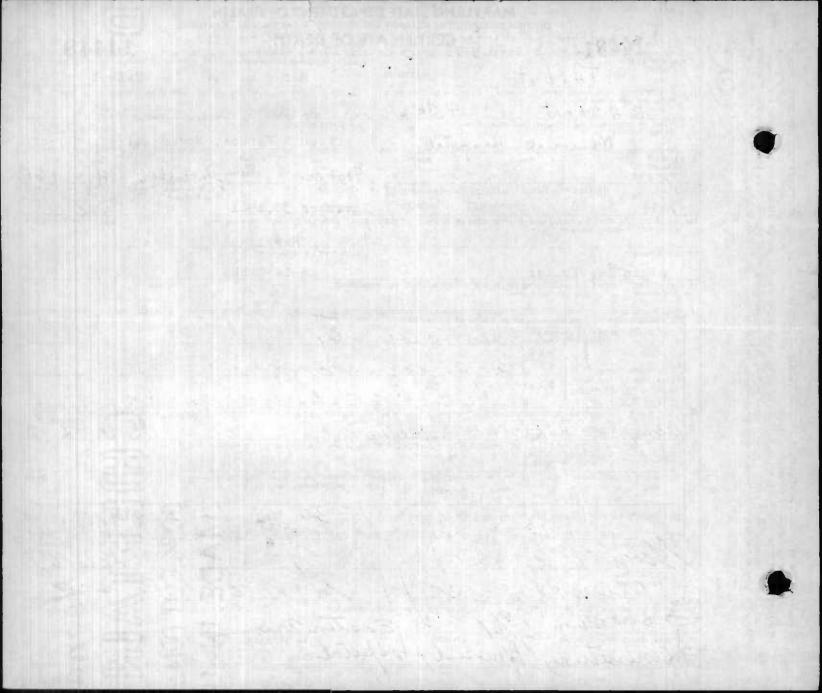


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be well by the hospital or attending physician.

TO FUNERIAZ SARECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hadrs after yearth.

VR A15 (4) 15M 9/59

1	4 7 7	Items 2,			DEPARTMENT AND RECORDS —	BALTIMORE 1, A				
)	PLACE OF DEATH	81	Item 9 I	11 m 6302	12/18/61	CE (Where deceased	Literal IE invelteration	1 d	448	ion\
'	o. COUNTY	TAlba	+ 0	MARYLAND	o. STATE	aryland	b. COUNTY	Talbo		ion)
	b. CITY OR TOWN (If	outside corporate limi	ts, write c. LEN	GTH OF STAY IN 16	+	/N (If outside corpor	rote limits, write Rl	JRAL ond give	nearest town	1)
L	EA	STON		4 days	29 Eas	ston				
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street oddress)		d. STREET ADDR		D	W 1		FARM?
2	NAME OF	emouse	Hasp	ilab	Harrison					NO 🗌
3.	NAME OF DECEASED (Type or print)	Fir	st V	Middle	Foster	4. DATE OF DEATH	Decemb	ev	4	Yeor 19 61
5.	. SEX	6. COLOR OR RACE		NEVER MARRIED 1	B. DATE OF BIRTH	16.	9. AGE (In years lost birthdoy)	Months Do		R 24 HRS. Min.
10	Male On. USUAL OCCUPATIO	C	WIDOWED _	DIVORCED	November	30,1961	yrs.	2	OF WHAT	6
1	during most of worki	ing life, even if retired) IOD. KIND O	F BUSINESS OK INDE	74		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12. CHIZEN	TOT WHATC	OUNTRI
13	3. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME		1		
	Allen L	ee Foster			Ad	ele Gibbs	5			
15	5. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of s		SECURITY NO. 17.1	NFORMANT		Addr	ess		
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Pren), (b), and (c)	rily				NTERVAL BE	
	Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	he <u>under-</u> DUE TO	1 0	neer	calhe	num	hay	es		
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO TH	E TERMINAL DISEASE	E CONDITION GIV	EN IN PART 1(c	PERFO YES	RMED?
CEPTIFI	200 ACCIDENT WAS	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter noture of in	jury in Port I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While No		LACE OF INJURY (Homoctory, street, office blo		or town)	(Cour	nty)	(Stote)
	21. I certify that	t (I) (this haspital) attended the		death occurred a	19/2 (, to_6	12-4		that (I) (
	220 SIGNATURE	and h		13. fr and mar		A		d on the or		b. DATE SIGNED
	July	my le	exi	Yn	M.D. ATTENDING	MED.	STAFF PHYS.	12	-11-	4/
	22c. PHYSICIAN'S NAME (Type)	mo f.	Reess	hip	22d. ADDRESS	Mile	haen	GV.	219	1
2	30. BURIAL, CREMATION	N. 23b. DATE THERES	9/9/ 23c. N	IAME OF CEMETERY	OR CREMATORY	m 23d. LOCAT	TION (City, town, o	or county)	(Stot	te)
2	4. FUNERAL DIRECTOR'S	SIGNATURE	Wmare	DORESS /	hilal	o. REC'D BY REGIST	ted	TRAR'S SIGNA		
F	inviuu	mon)	11000	32111	1			Division 2.	7 03444/8	
	-		.1000	2//00		245	** =	VI 04100	:6:	



TANK (A) A MARK R THE PROPERTY. TO MENT TO SHOULD BE SHOULD 100 S (12) S (10) of the supplied for THE DUTY OF STREET den Moura THE TOTAL SALVE SA That is the state of the state Robert W. TREVER LEVAL CHOTOCK to COLUMN TO THE REAL PROPERTY.

TO HOSZIZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

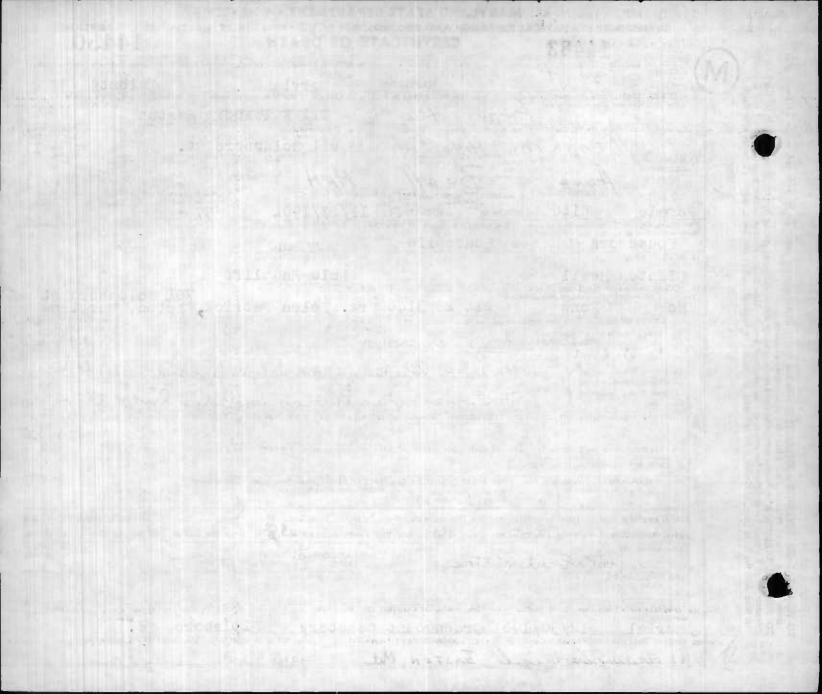
4 may be retained by the hospital or attending physician.

TO FURZIAL DIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

1	MARYLAND STAT	E DEPARTME	NT OF HEALTH	
DIVISION OF STATISTICAL				
14483	CERTIFIC	CATE OF D	EATH	14450

12	A DATE OF THE PARTY OF THE PART							
	PLACE OF DEATH	2. USUAL RESIDENCE (Where dacessed lived, If Institution: Residence before admission)						
	1A-1boT MARYLAND	a. STATE b. COUNTY						
*	b. City OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	write RURAL and give nearest town)							
	EHSTEN FUG.	29 blixapidsborn Easton						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?						
1	MemoRIAI HOSDITAI	611 Goldsboro St. YES NOX						
1	3. NAME OF First Middle	Last 4. DATE Month Day Yeer						
1	(Type or print)	HAII OF DEATH 12 27 10/1						
1	5. SEX 6. COLOR OR RACE 7 MADDISO FOR MADDISO 1 8	11411						
	7. MAKRIED MINEYER MARRIED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.						
	Female White widowed Divorced	11/23/1904 57 yrs. 10015						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, aven if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Н	Housework Housewife	Maryland USA						
1	II SATHER'S NAME	Maryland USA 14. MOTHER'S MAIDEN NAME						
L	Clinton Beall	Lulu Radcliff						
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT 704 Goldsboro St						
	No None 214 28 3146 1	rs. Helen Patrick, Easton, Maryland						
-	18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), end (c).]	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH						
L	IMMEDIATE CAUSE (0) Herpatric com	a 3 days						
	DUE TO							
ŀ	Conditions, it only, which) (b) Massive blooking from esophageal varices (odays							
L	gave rise to immediate couse							
П	(a) stelling the underlying Due to Post-necreate	ic circhosis of the liver Unknown						
1	(c)							
1		PERFORMED?						
13		YES NO W						
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	(Entar nature of injury In Pert I or Pert II of itam 1B.)						
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, † 20f. (City or town) (County) (Steta)						
1	The same of the sa	pry, street, office bldg., etc.)						
1								
	21. I certify that (I) (this hospital) attended the deceased from	, 19, 19, 19, that (I) (we) last						
	saw the deceased alive on 12 - 26 1961 , and that	death occured at 2						
	22e. SIGNATURE	22b. DATE						
	Robert W. Trever M.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D						
	22c. PHYSICIAN'S	22d, ADDRESS						
	NAME (Type)							
-								
2	REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d. LOCATION (City, town or county) (State)						
	Burial 12/30/1961 Greenmount (Cemetery Hillsboro Md.						
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE						
	W Frampton Grall EASTON, Md	DATE SAN 3 '62 Cathur & Keaus						
F	way or verse sister, it	DATE 19 3 62 Orthug & Kinus						



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, 2 should be filed with TO HOSPIAL OR ATTENDING PHYSICIAN: The law requires may be add by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled it page 3 should be detached far use as the buriol-transit permit. Then please remove carban pages 1 of the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death.

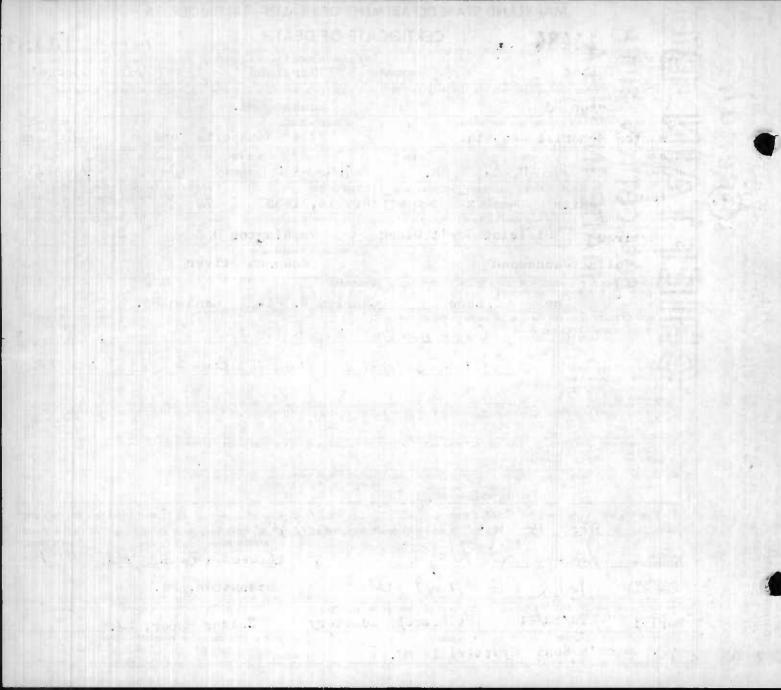
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MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18

	14484		CERTIFIC	CAT	E OF DEATH	1	R	eg. Dist. I	No. 1445
1. PLACE OF DEATH a. COUNTY	Talbot		MARYLAND	2.	usual RESIDENCE (WE	here deceased lived.			e George's
RURAL and give	(If outside corporate limits nearest tawn) aston Md	, write	c. LENGTH OF STAY IN 18		c. CITY OR TOWN (IF a Lanham	Md.	nits, write RUR	AL ond give	nearest town)
OR INSTITUTION	PITAL (If not in hospital, given Memorial Ho				d. STREET ADDRESS 7724	Annapolis	oad		e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Mart	ina	Middle R.		Haynes	4. DATE OF DEATH	Dec	, ,	Day Year 14/ 1961
s. sex female		7. MARRI	DIVORCED	9. 7	v 10, 1883	last		UNDER 1 YE	EAR IF UNDER 24 HRS
10a. USUAL OCCUPA during most of w Retir	TION (Give kind of wark do arking life, even if retired) ed DIST	rict	Gov't Clerk	DUSTRY	11	or foreign cauntry) ngton D C		U S	OF WHAT COUNTRY
13. FATHER'S NAME	lius Juenema	ann		14	I. MOTHER'S MAIDEN N	na Stive	r		
15. WAS DECEASED E	VER IN U. S. ARMED FORC		SOCIAL SECURITY NO.	INFO	RMANT	183	Address		
	no		none	Cha	rles B. Fi	inn Lan	nham Mo		
	EATH [Enter only one cau EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	se per lin	e far (a), (b), ond (c).]		Embol	132		100	NTERVAL BETWEEN ONSET AND DEATH
Conditions, if		A	rterioseler	-011	c Hea	FT Di	SCAR	2	Sev. Yrs.
gove rise to couse (o), statin lying couse las	g the under-								
PART II. O	THER SIGNIFICANT COND	itions <u>c</u>	ONTRIBUTING TO DEATH 8	UT NOT	RELATED TO THE TERM	INAL DISEASE CONI	DITION GIVEN	IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	WAS UNDERLYING DAY PORT OF DEATH PROPERTY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (E	nter nature af injury in	Port I ar Part II of i	tem 18.)		
20c. TIME OF INJ Haur o. m p. m	1.	20d. IN While of work	Not while		OF INJURY (Home, farm street, affice bldg., etc		rn)	(Caur	nty) (Stote
21. I certify	that I attended the	decease	ed fram Nov.		, 19 6 f , ta	Dec	1961,th	at I last :	saw the decease
alive on	Dec. 14	19 (Hay T	th oc	curred at 10 3	M, fram the c	auses and ity or town, sta	an the d	
PHYSICIAN'S NAME (Type)	Irvin	G	. Hoyt M	D	Qu	leenstown			
220. BURIAL, CREMAT REMOVAL (Special Burial			72c. NAMÉ OF CEMETERY Ft Lincoln			22d. LOCATION (C			(State)
23. FUNERAL DIRECTO		7	ADDRESS			D BY REGISTRAR	24b. REGISTR		11
r. uds	ch's sons	nyat	tsville Md.		DATE	DEC 1 8 '61	d	school b.	1 Cherron

Hyattsville Md.

DEC 1 8 '61



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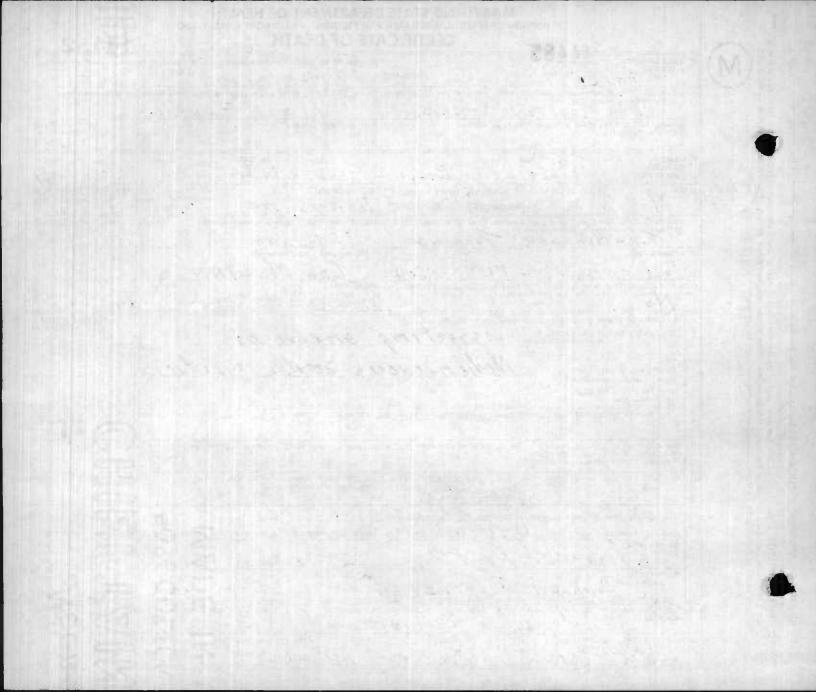
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	-	-		_
-	-4	15	100	2
	6.4	4.3		16.

1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY 1
b. CITY OR TOWN (If outside corporate limits, write RURAL-quid give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
MURAL EASTON 20 yrs	X MIRAL EASTON
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CHARLES ENGLISH	HENDERSON JEATH DEC. 7 196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 15 UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM MANAGER FARMING	STRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? LNDIA WA (5. C)
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHAPLES ENGLISH HENDERSON	IDA M. LYNN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no. or unknown) (If yes, give war or dates of service)	RS, CHAS, E HENDERSON Jr - EASTON, NA
18. CAUSE OF DEATH [Enter only one couse per Jine for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: 1155-ECTIMA	217 LUSI SITT
451X DUE TO XY 1	
Conditions, if any, which) (b) MECHO MECHOS	15 201/12e CYGTICIZ
gove rise to immediate cause (a), stating the under-	
lying couse lost. (c)	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
TA'	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, lotory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased fram.	12-6- 1961, to 12-7-, 1961, that (1) (we) last
saw the deceased alive an19_1, and that d	
220. SIGNATURE	ATTENDING MED. STAFF SIGNED M.D. PHYS. DIRECTOR PHYS. \(\)
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) DENALD F. BARTLEY	Easton, Ind.
23g BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (Store)
12/8/61 DERINE	TILL ENSTON N/D
24. FUNERAL DIRECTOR'S, SIGNATURE	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
The state of the s	



VR A15 (4) 1SM 9/S9 8

Ħ	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND							
1	14486		TE OF DEATH	MORE 1, MARTENIO	14453			
1	1. PLACE OF DEATH o. COUNTY TAIDOT	MARYLAND	2. USUAL RESIDENCE (WA	ere deceased lived. If institution b. COUNTY	Residence before admission)			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF O	PC:	RAL and give nearest tawn)			
	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION Memorial 4 Hospital	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED First	Washing to	on Jenkins	4. DATE Month OF DEATH Dec	Day Year 7 1961			
	S. SEX A & COLOR OR MICE 7. MARR WIDOWE		B. DATE OF BIRTH 19:	- /	FUNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ACTORY	JSTRY 11. BIRTHPLACE (Stole	ar foreign country)	12. CITIZEN OF WHAT COUNTRY			
	13. FATHERS NAME - LENKINS		14. MOTHER'S MAIDEN	Johnson	ı			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, go, or Joknown) (Playes, give wor or dates of service)	13-22-6687 (INFORMANT ALYS-	enkins - TR	APPE, Md			
	PART I. DEATH (Enter only one couse per Imperior of the Couse Death Was Caused By: IMMEDIATE CAUSE (o)	le for (a) (b)?and (c).	undeger o	britaila	INTERVAL BETWEEN ONSET AND DEATH			
	57013 DUE TO Conditions, if ony, which	0/14/05 0	Lileum					
	gave rise to immediate cause (o), stating the <u>under-lying</u> couse last.	/						
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO □			
	OR CONTRIBUTING CAUSE OF DEATH	TRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in I	Port I or Port II of item 1B.)				
	20c. TIME OF INJURY Month, Doy, Year Hour a.m. While at work	Not while fe	LACE OF INJURY (Hame, form octory, street, office bldg., etc.	20f. (City or town)	(County) (State			
	21. I certify that (I) (this haspital) attend sow the deceased alive on 2/7/61				on the dote stoted above			
	220. SIGNATURE ELLEGATION	all		ED. STAFF RECTOR PHYS	DO L/90 SIGNED			
1	22c. PHYSICIAN'S AME (Type) E-C-H-S	Stroidt	22d. ADDRESS	try Mu	ylud,			
	23g. BURIAL, CREMATION, 23b. DATE THEREOF BUY, A Dec. 10,1961	23c. NAME OF CEMETERY	or Crematory	TAAPP	County) (Stote)			
	24. FUTTERAL DIRECTOR'S SIGNATURE	-EASTON.	1		RARS SIGNATURE			

contract - tenting - many - many yes Roman AG BEART CHAdy schooling TRAPPER AND Holder of Never BEER DOLLMAN TANGE CROSS TA THE RESERVE THE PROPERTY OF THE PARTY OF THE

VR A1S (4) 1SM 9/59

	MARYLAND STATE I	
	14487 CEKTIFICA	ATE OF DEATH
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Whose defeased lived. If institution: Residence Vetar admission) a. STATE b. COUNTY THIS
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give indexest town)	c. CITY OR TOWN (If autitide carporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO} \)
3.	NAME OF DECEASED (Type or print) AMES Middle	Anson 4. Date OF DEATH DEATH Day Year 13, 196/
L	NATE OF STATE OF STAT	B. DATE OF BIRTH 9. AGE (In years lest highday) yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
L	. USYAL OCCUPATION (Give kind of wark dane lob. KIND OF JUSINESS OR INDIduing most of warking life, even if retired) HOOVE WATERMAN	MARYLAND U.S.A.
L	Theodore Johnson	Annie Henson
1S. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service) 3/8-/c-2358	Mp. Helen O. Johnson - Withman, md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	apoular locident Interval Between ONSET AND DEATH
	Canditions, if any, which) (b) AMPHILIPLE	il Cardiovarculas Dis 1000
	gave rise to immediate couse (a), stating the under-lying cause last.	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	20g. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IED. (Enter nature af injury in Part I ar Part II af item 18.)
MEDICAL		PLACE OF INJURY (Home, form, 20f. (City ar town) (Caunty) (State actory, street, affice bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 12 feet 1901, and that	death occurred at 45%, from the causes and on the date stated above
	220. SICHAPURE - Ceul Chally 22c. Hysician's NAME (Type)	M.D. ATTENDING MED STAFF PHYS. 22b. DATE SIGNED 22d. ADDRESS
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, tawn, or county) (State)
24	FONERAL DIRECTOR'S SIGNATURE ADDRESS ACTION &	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATEDEC 2 9 '61 Cirthy S. Thomas
-		and the second s

18/6 J. 1884 J. 1883 T. S. 18/8 J. S. 18/8 J A PART OF THE PROPERTY OF THE PARTY OF THE P Theodore Holosdon Arm Henre - GH-10 3256 Para Hiller Descharge + Willer to the To the 12-2-17 the modern Com FASTON

	MAKTLAND STA DIVISION OF STATISTICAL RESEAR	CH AND RECORDS — BALTIMO	IEALTH DRE 1, MARYLAND	
122	RS CERTIF	CATE OF DEATH		14455
1. PLACE OF DEATH a. COUNTY TAI hot	MARYL	a STATE _	deceased lived. If institution: Re b. COUNTY	sidence before admission) V
b. CITY OR TOWN (If autside carpore RURAL and give nearest tawn)	the limits, write c. LENGTH OF STAY I	N 1b c. CITY OR TOWN (If autsi	de corparate limits, write RURAL	and give nearest tawn)
d. NAME OF HOSPITAL (If not in has OR INSTITUTION	emopin Hosp.	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	First Middle	Kelley 4.	DATE Month OF DEATH DEATH	Day Year er 3 196/
5. SEX 6. COLOR OR	RACE 7. MARRIED NEVER MARRIED NIVORCED	10000	9. AGE (In years left) Jost birthdoy) Mon	NDER 1 YEAR IF UNDER 24 HRS ths Days Hours Min.
10a. USUAY OCCUPATION (Give kind of during mast af warking life, even if	wark done 10b. KIND OF BUSINESS OF	INDUSTRY 11. BIRTHPLACE (State or f	oreign country) 12	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	WILLOUCUB	14. MOTHER'S MAIDEN NAM	10/T/100	16-11-B4
15. WAS DECEASED EVER IN U. S. ARME (Yes. no. or unknown) (If yes, give wor or d		INFORMANT WOLTON W	Address DE	NTON, MO.
PART I. DEATH WAS CAUSE IMMEDIATE CA	one cause per line far (a), (b), and (c).] D BY: USE (a) (b) OCAN OUE TO (c)	dial Infa	retion	INTERVAL BETWEEN ONSET AND DEATH SUS FEEL
CATIC	T CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINAL CURRED. (Enter nature af injury in Port		PART 1(o) 19. WAS AUTOPS' PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E				
ZOc. TIME OF INJURY Month, Do Hour a.m. p.m.	y, Year 20d. INJURY OCCURRED While Not while at work at work	Place OF INJURY (Home, form, foctory, street, affice bldg., etc.)	20f. (City or tawn)	(Caunty) (State
21. I certify that (1) (this has saw the deceased alive and 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	rech / SK	hat death accurred at ATTENDING MED.	from the causes and an STAFF PHYS. P	the date stated above 196, that (I) (we) lass 22b. DATE 12.3.6
230. BURIAL, CREMATION, 23b. DATE TO REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE	HEREOF 23c. NAME OF CEME	TERY OR CREMATORY 23c	LOCATION (City, town, or cau DENTO N Y REGISTRAR 25b, REGISTRAR	MD
J. logo a	we for)	stow, hed DATE DEC	8 '61 Calling	8. Krave

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5. SEX

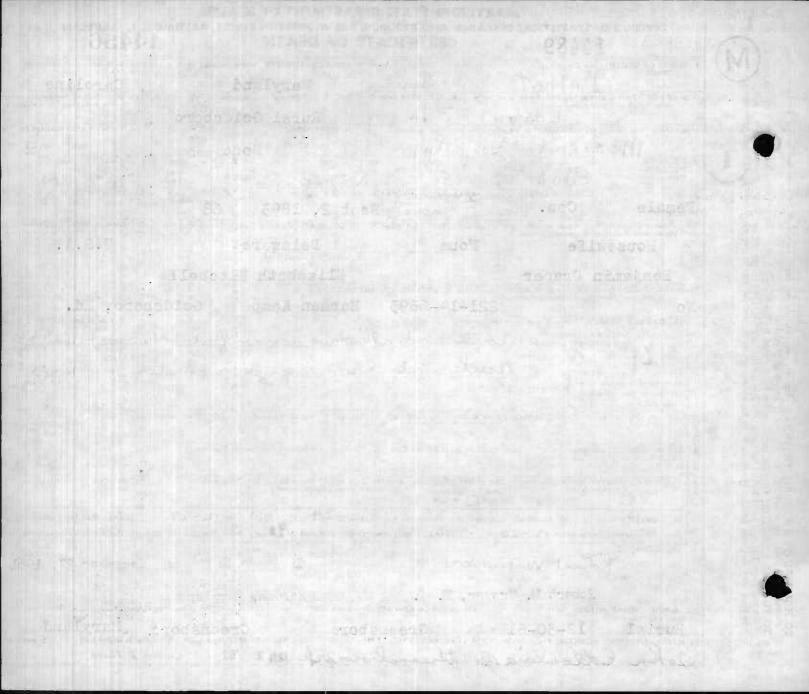
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CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14489 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY a. STATE MARYLAND Maryland Caroline b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest lown) ASTO Rural Goldsboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 705 D moRIM YES NO None Middle 4. DATE Last Month Yeer DECEASED OF (Type or print) W DEATH 1961 6. COLOR DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TO NEVER MARRIED last birthday) Female Months Devs Hours WIDOWED [DIVORCED 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife None Delaware U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Draper Elizabeth Mitchell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Goldsboro, Md. Herman Kemp 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH DUATH WAS CAUSED BY AMMEDIATE CAUSE (e) DUE TO acute and chronic pyelonephritis Conditions, il eny, which gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While While at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from 12-24 1961, to 12-27 , 1961, that (I) (we) last 22b. DATE 22e. SIGNATURE ATTENDING SIGNED MED STAFF Robert W. Trever 2.0 PHYS. DIRECTOR PHYS. 1961 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Robert W. Traver, M. East on Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Burial Maryland Greensboro Greensboro 24 FUNERAL-DIRECTOR'S SIGNATURE **ADDRESS** 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

aritury S. Thans

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND Alboi Rucen b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give nearest town) SYASONYIlle ASION d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO A Memorial NAME OF First Middle 4. DATE Last Month Day Yeor DECEASED DEATH 12 (Type or print) 19 9. AGE (In years last birthdoy)
29 yrs. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE Months Doys DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? ches TEACHE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address / 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which remava gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION ematian, PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while p. m. ot work ot work 21. I certify that haspid attend ed the deceased fram. ____, ta ______, 19____, that (I) (we) last , and that death accurred & A.M. from the causes and an the date stated above. saw the deceased 22o. SIGNATURE ATTENDING PHYS. MED. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRES NAME (Type) page 3 sho 23d. LOCATION (City, town, or county) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Cam 1 d. obinson 25b. REGISTRAR'S SIGNATURE UNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25o. REC'D BY REGISTRAR DATE DEC

MARYLAND STATE DEPARTMENT OF HEALTH

within 24 haurs after death. Page 4

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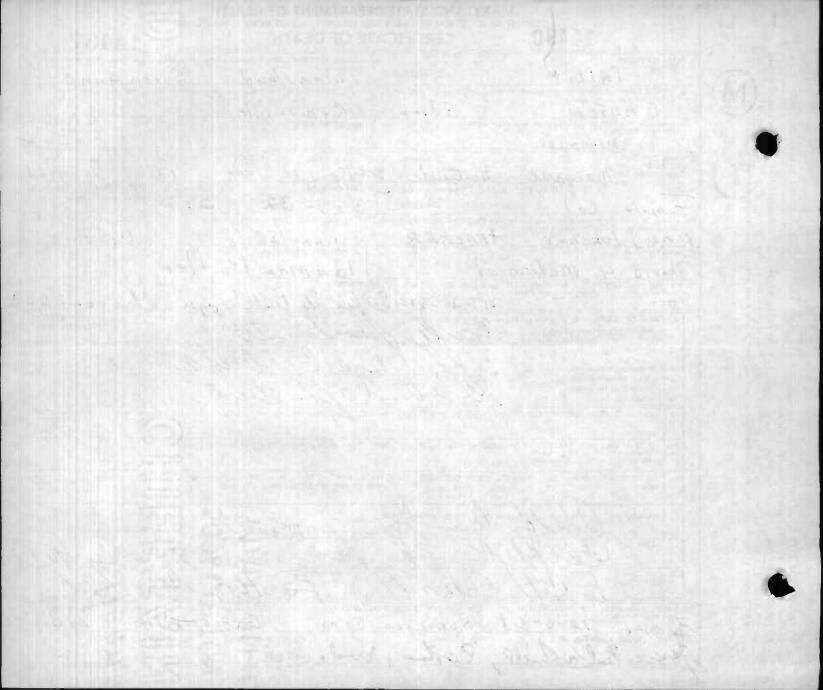
TO FUNER

15M 9/59

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burial-transit g

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STATE EALTH DEP TO DEPT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any descriptions please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund interctor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

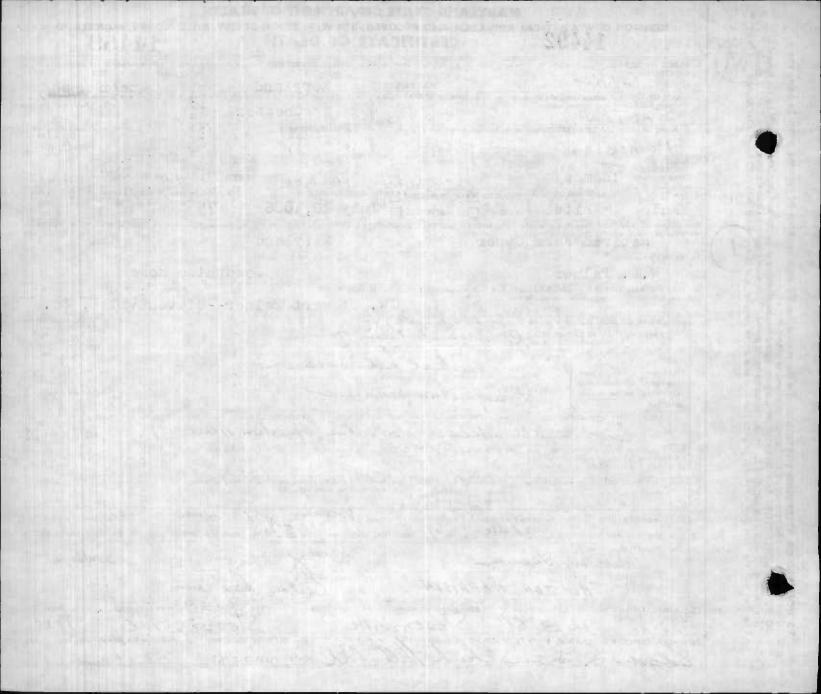
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		PLACE OF DEATH	2. USUAL RESIDENCE (Whe	re deceased lived, If Institution: Re	sidance before edmission)
		TALBOT MARYLAND	a. STATIM DVV	b. COUNTY	
		c. CITY OR TOWN (If outside corporeta limits,	c. CITY OR TOWN If outside	corporala limits, write RURAL end	give neerest town)
1		write RURAL and give nearest town)	1/-		
1	1	EASTON, PURAL 337RS	X EASTON,		
41	•	d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
) Route	5	YES NO
ú		NAME OF First Middle	Last 4. DA	TE Month	Day Year
		OFFICE SED (Type or print) Ernest Mil	OF DE	атн /2 .	25 1961
7	5.		DATE OF BIRTH	9. AGE (In years IF UNDER 1)	- 17 4 1
4		N/I/I/O N/OCIVA	Ma a lores	last birthday) Months D	Peys Hours Min.
i.	10-	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	MAY. 3, 1813	G G YISL	
		ne during most of working life, even if relired)	Y 11. BIRTHPLACE (Siele or foreig	country) 12, CI112	ZEN OF WHAT COUNTRY?
		LABORET SAWMIII	South CA	rolina la	SA
Ī	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
		Hamp Miller	Dora Mill	er	
	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
	(10)	710 - 218-24-4980	alma mil	100	
	1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	ISIM		ONSET AND DEATH
		IMMEDIATE CAUSE (a) COVERTUP C COVE			
		DUE TO			
		Conditions, if eny, which (b)			
		gave rise to immediate cause (e), stating the underlying DUE TO			
		cause last. (c)			
1	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PART	
/	E	White diser in - Guhanne +	a word Have.		YES NO DE
	SE.	200, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	nter nature of injury in Part I or Part	II of item 18.)	1113 [] 110 [
	CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			
5					
	MEDICAL		CE OF INJURY (Home, ferm, 20f.	(City or town) (Coun	ty) (State)
	MED	p.m. 19 et work at work			
		21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspect	ion Inquiry 🔀	and in my opinion
		death resulted from: Natural causes , Accident , Suici	de . Homicide .	Undetermined manner	
			CHIEF MEDICAL EXAMINE	_	
	0	ACTUAL Sun - ////			DATE SIGNED
		SIGNATURE WWW.	M.D. ASSISTANT MEDICAL EXA		DATE SIGNED
		EXAMINER'S MICHAEL	DEPUTY MEDICAL EXAMIN	ER LX	12-29-61
- ;	224	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY, OR	Address (Street, city, town	, or county) CATION (City, town, or country)	(Stele)
1	228	REMOVAL (Spacify)	C3	a c L	200
1		Gurial 12-27-41 nichitrds	Um, F	112700,	INIG.
	23.	Wheral Director ADDRESS	24a. REC'D BY RE	GISTRAR 246. REGISTRAR'S SIC	GNATURE
	1	Tomer & Cobwell, Easten, h	DATEJAN 4	162 arthur 8. 1	Trains

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ARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY e. STATE b. COUNTY MARYLAND Maryland Queen Anne b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give neerest town) Chester EASTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES TO NO NAME OF 4. DATE Month Yeer DECEASED OF 21 homas (Type or print) DEATH 19 6/ CRMAN 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (fn years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED THEYER MARRIED (birthday) Months Ma.le White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) done during most of working life, even if retired Retired Farm Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Palmer Josephine Howe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service W. Stewart Palmer -- Stevensville, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: relical Misone brees o les IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. Nowwin 194/., thet (I) (we) lest 21. I certify that (I) (this hospital) attended the deceased from....19.4/..., and that death occured an. ./A.M., from the causes and on the date stated above. saw the deceased alive on... ATTENDING 22b. DATE 22e. SIGNATURE 2/ Stee USIGNED DIRECTOR PHYS. Muus M.D. 22c. PHYSICIAN'S 22d. ADDRESS 23a BURFAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (Stete) REMOVAL (Specify) levensuil 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

4 may be retained by the hospital or attending physician.

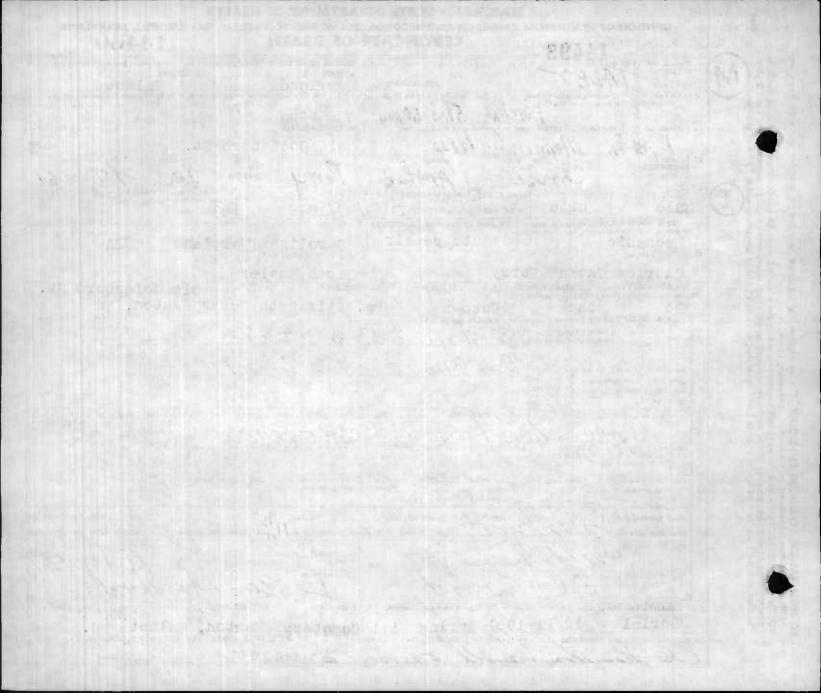
IO FUNDARY DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deeth.

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14460

-	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where dacaesed lived, If Institution: Rasidence bafore edmission)					
	141411	e. STATE b. COUNTY					
1	b. CITY OR TOWN (if outside corporate limits, , c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast town)					
	write RURAL end giva nearast town)	C. CIT OK TOWN (II obtaine corporate limits, write KOKAL and give nearest lown)					
	EASON 3 KM, 50 Ming	29 Easton					
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address)	d. STREET ADDRESS					
	Excel Memorial Hose	614 Goldsboro St.					
	3. NAME OF First Middle	Last 4. DATE Month Day Year					
	(Type or print)	P OF The series					
	CHUNCE TRINGR	TERRY DEATH SEC, 1961					
	F. MARIOE JE INCHER MARKED	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR F UNDER 24 HRS. Age (In yeers IF UNDER 1 YEAR F UNDER 24 HRS. Months Days Hours Min.					
/	Male White WIDOWED DIVORCED	9/27/1898 63 yrs. Months Days Hours Min.					
	10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	done during most of working life, even if retired) Mechanic Auto pepair	Gamalina Mamurland IIGA					
	13. FATHER'S NAME	Caroline Maryland USA					
	Charles Thomas Perry	Sarah Easler					
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyesgivawarordatesofservica)	NFORMANT 644s Goldsboro St.					
		s. Elizabeth Perry Easton, Md					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH					
	15-1:5						
H	15/X DUE TO ON CONTRACTOR ON CONTRACTOR						
	geva rise to immediata ceusa	Conditions, if any, which) (b) COSCITOTODO OF STOTTOCT)					
	(e), stating the underlying DUETO						
	cause last. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY					
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER)	OCANOPAN / A STAULIFE YES NO T					
4	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED.	. (Entar netura of injury in Part I or Part II of item 18.)					
	OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH						
ú		CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stata)					
20c. TIME OF tNJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Power of the control of the contro							
9	p.m. 19 at work at work						
	21. I certify that (1) (this hospital) attended the deceased from	, 19, 19, 19, that (I) (we) last					
		death occured atAM, from the causes and on the date stated above;					
	22a. SIGNATURE						
	Cell the Many	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. N					
	22c. PHYSICIAN'S N 1/ S	22d. ADPACSS					
	NAME (Type) E (H SN FITT UTT	ELSTOP, MASVAIN					
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (DR CREMATORY 23d, LOCATION (City, town or county) (State)					
	RFMOVAL (Specify)						
		L Cemetery Easton, Talbot Md.					
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Gemetery Easton, Talbot Md.					
	A translow and tasto.	n /2 DATDEC 2 0 '61 arthur S. Thomas					



	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND								
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1.	PLACE OF DEATH a. COUNTY MARYLAND ABOLT MARYLAND ABOLT MARYLAND ABOLT MARYLAND ABOLT MARYLAND MARYLAND ABOLT MARYLAND MARYL					sian)			
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Tilchman								
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Memore of form	m	d. STREET A	DDRESS				ON	SIDENCE A FARM?
3.	NAME OF DWayne First Middle (Type or print) MENUNAMINAL Keith	le R	chards		4. DATE OF DEATH	Mont	1	Day	Year 196/
	SEX 6. COLON OR RACE 7. MARRIED NEVER MARR Male white WIDOWED DIVORCE	ED 🗆	B. DATE OF BIRTH	er 30	, 1961 last	E (In years birthday) yrs.	Manths Day	s 30urs	Min.
	p. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired)	OR INDU	Mary	rland			12.CITIZEN	OF WHAT	COUNTRY?
	Mr. Larry E. Richardson		NOTHER'S	Mabe	AME				
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY No. on unknown) (If yes, give war or dates of service)		r. Larry		ichardso	Addre		S Cog	lar ds
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		mil	4			11	NTERVAL B	ETWEEN DEATH
	776X DUE TO Canditians, if any, which (b)		/						
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)								
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO								
CERTIFI	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRE	D. Enter nature of	Finjury in P	art I ar Part II af	tem 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. While Nat while at wark at wark	20e. PL	ACE OF INJURY (F ctary, street, affice	dame, farm, bldg., etc.	20f. (City ar tav	vn)	(Caun	ty)	(State)
	21. I certify that (1) (this haspital) attended the deceased fram [30 196], to [2 196], that (1) (see last saw the deceased alive an [2 196], and that death accurred at [3. M, from the causes and an the date stated above.								
	220. SIGNATURE ATTENDING M.D. PHYS. ATTENDING MED. STAFF PHYS. ATTENDING PHYS. ATTENDING MED. STAFF PHYS. ATT								
-	1220 PHYSICIAN'S AND Reesely &	w	D 22d ADDRE		eRei	els	mi	12/18	/61
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CENTREMOVAL (Specify): ineration 12/5/61 East on Me				23d. LOCATION (City, town, a		(Sto	ite)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR'S SIGNATURE									
	Easton, Memorial Hospital, Easton,	Md.		DATEC	2 0 '61	0.44	1 8. Kru		
0	2080263XVI								

MADVIAND STATE DEPARTMENT OF HEALTH

是自作品。如何是 A. M. A.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Seconds. A may be retained by the hospital or attending physician.

TO FUN.

TO FUN.

STO FUN. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH AAACO

S. SEX	11/195	TARTITICATE OF BEATH	1440%
WINDS OF DEATH EIGHT ONLY MASS DECASS EVEN IN U.S. ADMED FORCEST 18. CAUSE OF DEATH EIGHT ONLY MASS DECASS OF DEATH EIGHT ONL	· Pallet.	MARYLAND a. STATE May	and b. COUNTY falloch "
AND DECEASED (Types opini) 3. NAME OF DECEASED (Types opini) 3. NAME OF DECEASED (Types opini) 3. SEX 4. DATE OF DECEASED (Types opini) 5. SEX 6. COLOR OR RACE (T. MARRIED NEVER MARRIED POATO OF BIRTH M. L. WILL WINDOWED DIVORCED DIVORCED	b. CITY OR JOWN (if outside corporate limits, write RURAL and give namest town)	Sycus. X Enally	a corporata limits, writa RURAL and give naarest town)
3. NAME OF DECERSED (Type or print) Second Comment S	A) 1/4 = 1 40	.0, 1.1	e. IS RESIDENCE ON A FARM? YES \(\text{NO } \text{NO } \text{TO }
Divorced	DECEASED (2010)	Middle Last 4. Di	E_N/01. 22 11
S. FARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19. WAS AUTOP PERFORMED (c) The OF INJURY Month, Day, Yaar Hour a.m. 19 D. ESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 20a. TIME OF INJURY Month, Day, Yaar Hour a.m. 19 D. Itah (II) (this hospital) attended the deceased from Day of the part II of Itah (II) (this hospital) attended the deceased from Day of the Day of the Parts II of Itah (II) (this hospital) attended the deceased from Day of the Day of the Parts II of Itah (II) (this hospital) attended the deceased from Day of the Parts III of Itah (II) (this hospital) attended the deceased from Day of the Parts III of Itah (II) (this hospital) attended the deceased from Day of the Parts III of Itah (II) (this hospital) attended the deceased from Day of the Parts III of Itah (II) (this hospital) attended the deceased from Day of the Parts III of Itah (II) (this hospital) attended the deceased from Day of the Day of the Parts III of Itah (II) (this hospital) attended the deceased from Day of the Day of the Day of the Parts III of Itah (II) (this hospital) attended the deceased from Day of the Day of th	Male write WIDOWED	DIVORCED _ Jan. 30, 1906	last birthday) Months Days Hours Min.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Control of the property of the propert	define during most of working the fleet is estand	egyman - Hew York	(1e, or trained and ky) 12. CITIZEN OF WHAT COUNTRY?
Total	George Robers	G. Mary Re	euf.
PART I. DEATH WAS CAUSE BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate cause (a), stating the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPE PERFORMED YES NO DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) 20e. ACCIDENT WAS UNDERLYING DO DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) 20e. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) 20e. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) 20e. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) 20e. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) 20e. TIME OF INJURY Month, Day, Yaar 20d. INJURY (Home, farm, 20f. (City or town) (County) (State) factory, streat, office bidg., etc.) of factory, streat, office bidg., etc.)	(Yas, no, or unkosh) (Ifyas give war or datas of sarvica)	0-34-8311 Mea Gov. Fo	but trappe.
Conditions, if any, which gava rise to Immediate cause (a), stating the undarlying DUE TO COUNTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED YES NOT CONTRIBUTIONS CONTRIBUTI	PART I. DEATH WAS CAUSED BY:	the Wonary Turnes	Cons - NULLEUCH
(a), stating the underlying DUE TO Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED YES NO DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour s.m., p.m. 19 All work at wo	Conditions, if any, which \ (b)	one Mysewdite	- I I I I I I I
PERFORMED PERF	(a), stating the underlying DUE TO cause last.	000100000000000000000000000000000000000	lo .
2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURED Whila Not Whila at work at work 21. I certify that (I) (this hospital) attended the deceased from 21. I certify that (II) (this hospital) attended the deceased from 22c. PHYSICIAN'S NAME (TYPH) ATTENDING MED. 22d. ADDRESS ASTON M.D. 22d. ADDRESS	CATIO		YES NO
21. I certify that (I) (this hospital) attended the deceased from the following that (I) (this hospital) attended the deceased from the following that (I) (this hospital) attended the deceased from the following that (I) (this hospital) attended the deceased from the following that (I) (this hospital) attended the deceased from the following that (I) (we) to saw the deceased alive on the following that (I) (we) to saw the deceased alive on the following that (I) (we) to saw the deceased alive on the following that (I) (we) to saw the deceased alive on the date stated about the following that (I) (we) to saw the deceased alive on the date stated about the following that (I) (we) to saw the deceased alive on the date stated about the following that (I) (we) to saw the deceased alive on the date stated about the following that (I) (we) to saw the deceased alive on the date stated about the following that (I) (we) to saw the deceased alive on the date stated about the following that (I) (we) to saw the deceased alive on the date stated about the following that (I) (we) to saw the deceased alive on the date stated about the following that (I) (we) that (I) (we) the following that (I) (we) tha	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURED. (Entar natura of injury in Part I or	Part II of itam 18.)
saw the deceased alive on	20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJ Hour a.m. Whila p.m. 19	Not Whila factory, streat, offica bldg., etc.)	. (City or town) (County) (State)
MILLIAM A, WINTERS ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR D			
NAME (TYWILLIAM L. WINTERS 210500VER EASTON 190,	220. AGNATURE	M.D. PHYS. DIRECTO	
238. DORIAL, CREMATION, 234 DATE THEREOF 23c NAME OF CHAPTRY OR CREMATORY 23d. 10 ATTON (City Town or county) (1) (State of the county) (1) (State o		INTERS 210500	VER EASTON Md.
	230 BORIAL, CREMATION, 234 DATE THEREOF 2	Offord Clay.	Ufford Ma
22 ELINERAL DIRECTOR'S SIGNATURE ABOVE ASTER MA DADEC 2 8 '6' 256. REGISTRAR'S SIGNATURE DADEC 2 8 '6' C. T. C. S. HELLA	Maulle & Pewady Fold	PRATE MAN	

May lead on 22 apl chief tobate the 23 Jun 30 1906 purited Clarge Cheggera - The fork LEED . The Garage I Roberto Milley Reing. from second All of the forty to the pure to the same the Board Sec 29/10 Wife & Com. in the second of the second of the second

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSEL AND DEATH

> WAS AUTOPSY PERFORMED? YES K

(County)

1966, that (1) (wet last

NO [

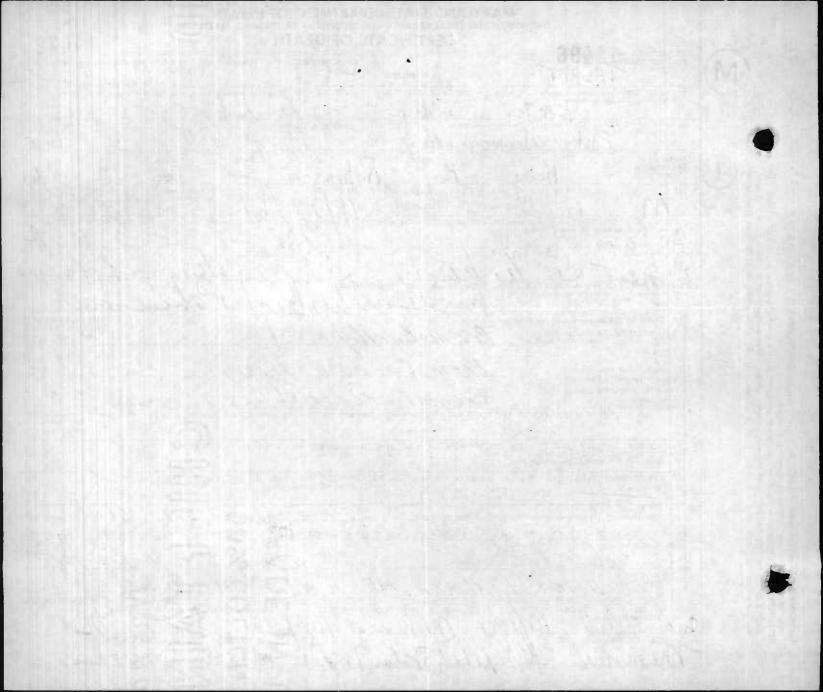
(State)

22b. DATE SIGNED

Day

ON A FARM? YES NO

Year



VR A15 (4) 1SM 7/61

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14497 CERTIFICATE OF DEATH 14679

			4 7:18 0		
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Resid	ence before admission)		
	Talbot MARYLAND	e. STATE b. COUNTY	1 Astalon		
-	b. CITY OR TOWN (if outside comparete limits I a LENGTH OF STAY IN 1)	c. CITY OR TOWN (If outside corporete limits, write kURAL and give	TINNE		
	write RURAL and give neerest town)	0 1/1	a neerest town;		
-	Easton / hours	CHURCH HILL	11X.2		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE		
	EASTON MEmorial	Western	YES NO TO		
	NAME OF First Middle	Last 4. DATE Month De			
	DECEASED	OF	- 11		
	GWENGOIGN LENORE	OCHESTER DEATH DEC	30 19 61		
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEA			
	FCM COLORED WIDOWED DIVORCED	AVG, 2-7 - 1961 lest birthdey) Months Deys	Hours Min.		
1	De. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRI	100, 21	OF WHAT COUNTRY?		
	done during most of working life, even if retired)	1 Mi all all ile	1		
	NUNE	TILBOT- MARYLAND USF			
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	CLARK ROCHESTER	EVA DOUGLAS			
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address			
	Yes, no, or unkown) (Ifyesgive weror detes of service)	0 1 # 11/1. 11	1101 Mid		
=	1 10 CRITER OF DERTH IS-	10. Musell Chillie 10	111 110		
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		NTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: I MMEDIATE CAUSE (6) Diarrhea	+ Dohugration	4da		
	J// DUE TO				
	D. 100 100 100 100 100 100 100 100 100 10		9 1		
	geve rise to immediate cause (b)	(a)	- Lac		
	(e), stating the underlying DUE TO				
	cause last. (c)				
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART He)	19. WAS AUTOPSY		
			PERFORMED?		
City Children	200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of item 18.)	113 11 11041		
1	OR CONTRIBUTING [] CAUSE OF DEATH	(chief herdre of injury in reft of reft it of flem to.)			
a Digar	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stete)		
15	Hour e.m. While Not While fector of the street work to be street to the street work to be street	pry, street, office bldg., etc.)			
1	21. I certify that (I) (this hospital) attended the deceased from 12-30, 12.61, to 12-30, 19.61 that (I) (we) last				
	saw the deceased alive on(2-3019(1), and that	deeth occured et 8. 7, M, from the causes and on the	date stated ebove.		
	220. SIGNATURE O O O	ATTENDING	22b. DATE		
	John Elday but	D PHYS. MED. STAFF	1-3-67		
	22c PHYSICIANK	22d. ADDRESS	1 3-02		
	NAME John E. Baybutt M.	D. 205 Earle Ave. Easton, Md.	1 2 62		
=	110		1-3-02		
12	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. WAME OF CEMETERY CREMOVAL (Specify)	DR CREMATORY 23d. LOCATION (City, town or county)	(Stete)		
	During 1/1/62 Church H	ill Church Hill	Ind.		
2	4 FUNERAL DIRECTOR'S SIGNATURE APPRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE		
	Eddin of Lease (hunder	ell / Chare JAN 9 '62 arthur 8. Kg	AMA		
F	eyer a vary	The state of the s			
	1 2072 192 14 4				

CLARK KOCHELTER FOR DOORLAS mo traces the as faller Lot Elsay Bitte was a first of the first field that the first freeze was

FOR STATE TO DEPU. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fundation of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 7 process after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

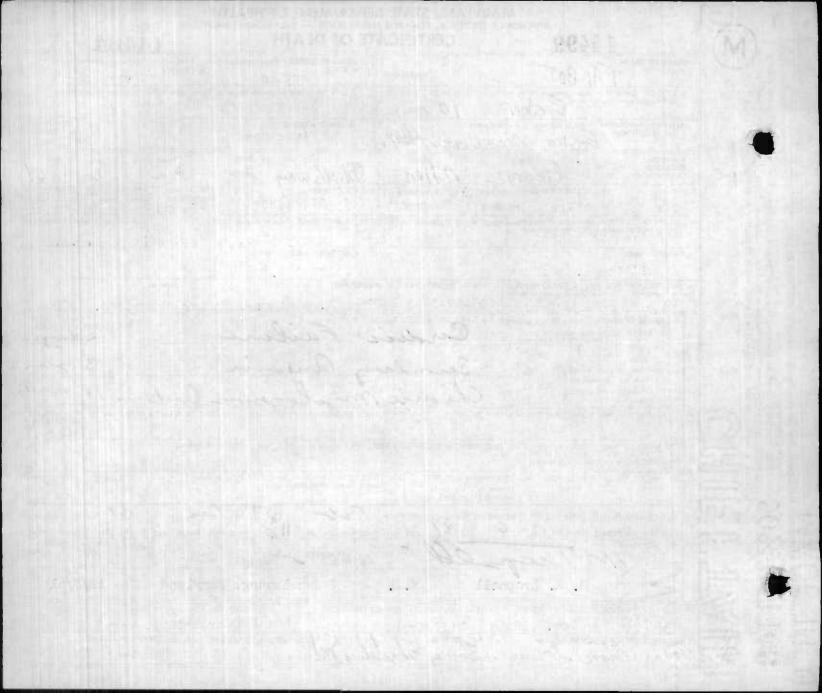
1	PLACE OF DEATH 2230	13300					
1	e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution; Rasidanca bafore edmission) a. STATE b. COUNTY					
4	Talbot Marylan						
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN						
ν	write RURAL end give neerast town)	The state of the s					
1_	McDaniel RD 15 vrs	McDaniel PD					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE					
		ON A FARM?					
-	at home	none YES NOT					
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year					
	(Typa or print) Philip T.ee						
5		Russ December 17 19 61					
\ ".	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months Days Hours Min.					
	Male White WIDOWED DIVORCED	June 23, 1913 48 yrs. Months Days Hours					
10	e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IND						
d	one during most of working life, evan if retired)						
	metel work auto repair	Talbot Co., Maryland USA					
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	George Russ	Minnie Venton					
15							
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. as, no, or unkown) (Ifyasgivawarordatesofservice)	7, INFORMANT Address					
	yes WWTT 220 01 8231	Mrs. Doris I. Russ, McDaniel, RD, Md.					
-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	I INTERVAL BETWEEN					
1	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH					
	IMMEDIATE CAUSE (a)						
	919 9 DUE TO						
	Conditions, if any, which \ (b)						
	gava rise to immadieta causa						
	(e), stelling the underlying DUE TO						
	cause last. (c)						
Z		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
일		PERFORMED?					
15		YES NO					
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURE PRIMARY or CONTRIBUTING	D. (Enter neture of Injury In Part I or Pert II of itam 18.)					
18	CAUSE OF DEATH.						
17	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)					
MEDICAL	Hour a.m. WhileNot While	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.)					
ME	p.m. 19 at work et work						
	21. I certify that I took charge of the remains described above	, held an Autopsy , Inspection , Inquiry , and in my opinion					
1							
	death resulted from: Natural causes , Accident	suicide, Homicide, Undetermined manner					
	A GALIII	CHIEF MEDICAL EXAMINER					
	ACTUAL OMNING WILLS	ASSISTANT MEDICAL EXAMINER DATE SIGNED					
	SIGNATURE	M,D,					
1	EXAMINER'S NAME (Type)	Address (Street, city, town, or county)					
22	e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 22d. LOCATION (City, town, or country) (Stata)					
	Buria 12/20/61 Spring Hi	ll Cemetery Easton, Maryland					
2	ADDRESS ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
1	Easton,	Md. DATE DEC 2 0 '61 arthur & France					
-	STENDED STENDED	DATE DEC 2 0 '61 Orthur S. Kraus					

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14499

1. PLACE OF DEATH O. COUNTY ALBOT MARYLAND				Haryrand Dorchester							
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limit earest town)	s, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federal sburg - Rural						
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	Nem C	orial Hosp,	d. STREET ADD	ver Road				FARM?	
	NAME OF DECEASED (Type or print)	Geo	rge	Allen	TKeth u	4. DATE OF DEATH	H De	مست	6	Yeor 19 4/	
1	sex Male	6. COLOR OR RACE White	MARRIED WIDOWED		July 27,	1883	9. AGE (In years lost birthdoy) yrs.		YEĀR IF UNDE Days Haurs	Min.	
	during most of work	DN (Give kind af wark of king life, even if retired) Machinist	ione 10b. KIN	ND OF BUSINESS OR INDU	Quari	ryville,	country) Pennsylv		EN OF WHAT C	OUNTRY?	
13.	FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME					
20		m I. Sketh		CIAL CECHBITY NO. 117 II	Abigai	I A. Hack	ett	raes.			
		(If yes, give war or dates of se	rvice)	Circ Second in the	lenn E. S!	le through	Federals		Id DE		
CERTIFICATION	Canditions, if a gove rise to i couse (o), stoting lying cause last. PART II. OTH	mmediote the under- (c) HER SIGNIFICANT CON AS UNDERLYING	DITIONS CON	Secondary Chanic NTRIBUTING TO DEATH BUT BE HOW INJURY OCCURRE				home VEN IN PART	3 7 18 m 1(a) 19. WAS perfored YES (AUTORSY RMED NO	
MEDICAL CER	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes	While of work	URY OCCURRED 20e. PL Not while fo	ACE OF INJURY (Hon ctory, street, office bl	ne, farm, 20f. (Ci dg., etc.)	ty or town)	(Cc	ounty)	(Stote)	
		sed alive an 12-	apnell	ell	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	n the causes ar	nd on the	12/1/6/		
	REMOVAL (Specify)	Dec. 9, 1		23c. NAME OF CEMETERY C	Cemetery		ATION (City, town, deral sbur	g, Mar		(e)	
24.	Mampl	SSIGNATURE AU	nerals	Lome Federal	M.	ATE DEC 11		lithin S.			



VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

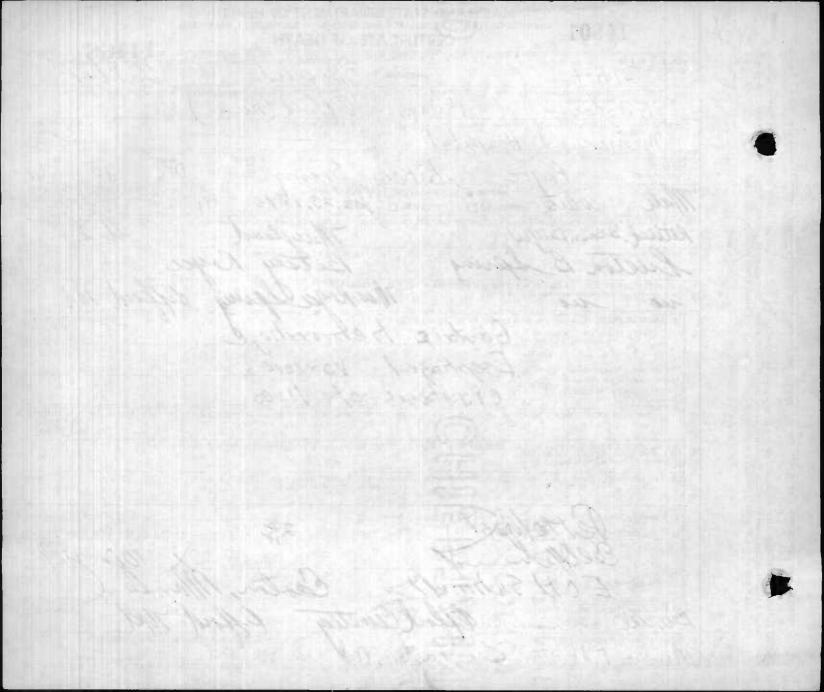
14500	CERTIFICA	TE OF DEATH		14465	
1. PLACE OF DEATH O. COUNTY Jalvan	MARYLAND	2. USUAL RESIDENCE (Where a STATE)	leceased lived. If institution b. COUNTY	n: Residence before ac	dmission)
b. CITY OBTOWN UE outside corporate limits, wri	c. LENGTH OF STAY IN 16	29 allo	e corporote limits, write RU	JRAL ond give nearest	town)
d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	reet address	d. STREET ADDRESS	low Sh		RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print) Aund Will	egenia, Middle	1 1,11/11	DATE OF MONTO	h Day	Year 19 6 /
77/11/11/11/11/11/11/11/11/11	ARRIED DEVER MARRIED DIVORCED DIVORCED	B. PATE OF BIRTH JAN, 22, 1883	9. AGE (In years lost birthday) yrs.	Months Days Ho	DUTS Min.
10a. USUAL OCCUPATION (Give kind af work done during mast of warking life, even if retired)	106. KIND OF BUSINESS OR IND	STRY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WH	COUNTRY?
13. FATHER'S NAME WOUSEN		14. MOTHER'S WAIDEN NAME	llicht	. 1	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 12.1	us Evelyn Hen	mann 4	Villing	n Del
1B. CAUSE OF DEATH [Enter only one couse potential part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), and (c).] ACUTE COR	PONARY OC	CLUSION	(ØNSET /	L BETWEEN
Conditions, if any, which gove rise to immediate couse (a), stating the under.	= MYOCA	RDIAL IN	FARCTIO		HR.
lying cause lost. (c)					
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	ns <u>contributing to death</u> bu	T NOT RELATED TO THE TERMINAL	disease condition givi	PE	AS AUTOPSY ERFORMED?
	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Part I	or Part II af item 18.)		
Hour a.m.		LACE OF INJURY (Home, form, 20 actory, street, office bldg., etc.)	Of. (City or town)	(County)	(Stote)
21. I certify that (I) (this hospital) att		JUNE 1960 death accurred at 2 RM,	from the causes and	1961, that	
22a. SIGNATURE	Bartlen	M.D. PHYS. MED.		g an me date on	22b. DATE SIGNED 12-1-6
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	aton ma	<u> </u>	
230. BURTAL, CREMATION 238. DATE THEREOF	23c. MAME OF CEMETRAY	GREMATORY 23d.	LOCATION Wity, toward	ir county Med	(State)
727 PUNERAL DIRECTOR'S STEP LATURE	ADDRESS CAST	Md 25a. REC'D BY DATE DE	REGISTRAR 25b. REGIS	TRAR'S SIGNATURE	A

EW VERNER STORY Budde Strang 220-26-342 The Collyn Licensine Willen BUT FREE STATE OF THE STATE OF along the country Challen W.

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MARYLAND STATE DEPARTMENT OF HEALTH
ISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

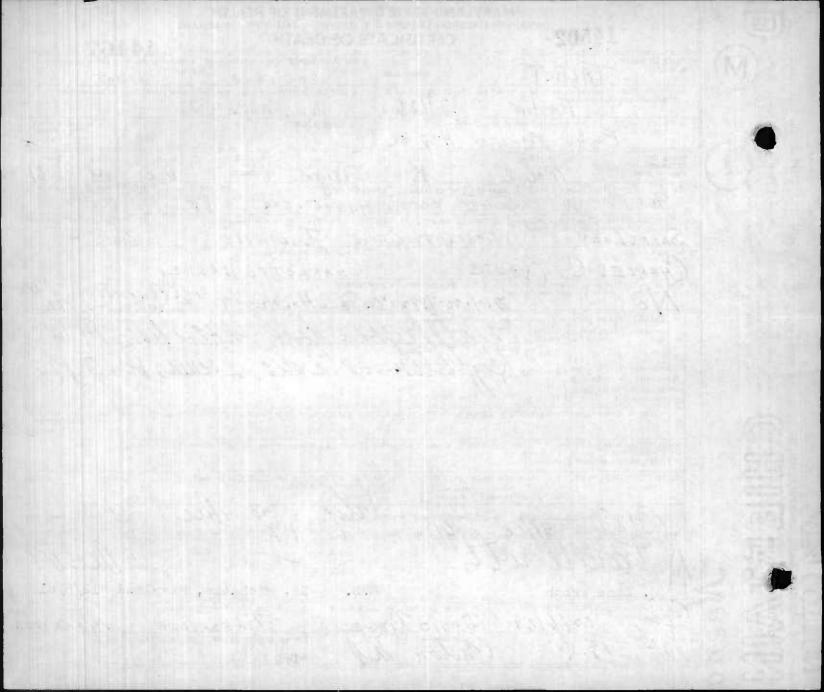
3	Time 27h Filmeron 32/28/62	
	1. PLACE OF DEATH O. COUNTY A/bot MARYLAND 2. USDAL RESIDENCE (Where occased lived. If institution: Residence before odd b. COUNTY Lawyland b. COUNTY Lawyland)	mission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A Company of the RURAL and give nearest town (RURAL)	own)
	OR INSTITUTION ()	RESIDENCE N A FARM? NO
	3. NAME OF DECEASED (Type or print) ROYCE RIKER Spring DEATH DEC 10	19 6/
j	6. COLOR OR BACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 1840 9. AGE (In years plast birthdoy) WIDOWED DIVORCED MONTHS Doys How	urs Min.
	10a. USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDISTRY 11. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WH. RUSSIAN WELLOW STATE OF WHITE OF STATE OF STATE OF WHITE OF STATE O	COUNTRY?
	13. FATHER'S NAME TO B. Spring 14. MOTHER'S MADELLAME ROYCE	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give wor or dates of service) (If yes, give wor or dates of service) (If yes, give wor or dates of service)	d-
	18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), ond (c).] PART-I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b) ESOPHAGES Various	L BETWEEN ND DEATH
	gove rise to immediate couse (a), stating the under- lying couse lost. DUE TO (c) (1) Y > 1/2051'S O / 1/2051'S	
-		AS AUTOPSY REORMED?
	OR CONTRIBUTING CAUSE OF DEATH Contributing Cause of Death Co	
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19	(Stote)
	21. I certify that (1) (this haspital) attended the deceased fram	ted abave.
1	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 100 C	A GSICNED
		(Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
5	Maurice E. Naunam & Son Fax Em, Mod DATE DEC 13'61 and S. thomas	



VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		GEARITIOA			100	67
	PLACE OF DEATH		2. USUAL RESIDENCE (W			e before admission)
(· COUNTY TALBOT	MARYLAND	O. STATE MARY	LAND	COUNTY JALA	PAT
ŀ	b. CITY OR TOWN (If outside corporate limits, write	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	nits, write RURAL and g	~ .
	RURAL and give nearest town	12/12 tors	X RURAL	ROVAL O	AK	
- 1	d. NAME OF HOSPITAL (If not in hospital, give street of	oddress)	d. STREET ADDRESS	1		e. IS RESIDENCE
	OR INSTITUTION EASTEN AREMONE	al Hasdital				ON A FARM? YES NO D
2 1			11 -	Ta page		
-	NAME OF DECEASED (Type or print)	Middle	Last	4. DATE OF DEATH	Month	Day Yeor
_	1114086		Taylor		Vec.	4 196/
S. S	2		B. DATE OF ARTH	lost	E (In years IF UNDER birthdoy) Months	1 YEAR UNDER 24 HRS. Days Hours Min.
	77. WIDOWE		A4G15-189	-	8 yrs.	30/3 110013 1111111
10a	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12.CITI2	ZEN OF WHAT COUNTRY?
	SALESLADY	ERCANTILEST	OPE / LL	INCIS	71	.J. A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
((HARLES C. MRAUS	E	CHARLOT	TE WAL	LKEP	
		SOCIAL SECURITY NO. 17, II	NFORMANT		Address	Bo Do
(141	s, no, or unkflown] (If yes, give wor or dates of service)	4-211-79920N	RS Paul Hard	YES	13680WEN	ISKOWN KA
	18. CAUSE OF DEATH [Enter only one couse per lig	For let shalled 191	100-11-51	7	41010917	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	111/1/1/11	1800 dias	1x Inl	10/1/11.	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	MAT WIT	-corregery	progue	rejuly	1-69
	420.) DUE TO 7/	1. 11	· ofait	11/2	1. 1. VI:	5.10
	Conditions, if ony, which) (b)	18HKCOMA	W areu	OMEN	alles be	2011.
7)	gove rise to immediate ouse (o), stating the under-			, , , ,		
	lying couse lost.					/
Z	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
ATIC						PERFORMED? YES NO 1
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DESC	COIDE HOW INTIMES OCCURRE	D /F-t net of injury in	Part I or Part II of :	tem 10)	1 1E3 LI NO
ERTI	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	POIT I OF POIT II OF I	nesti re.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	4.4	t-	ACE OF INJURY (Home, for ctory, street, office bldg., etc.		vn) (C	county) (Stote)
MEE		Not while			1	
	and the state of t		41/1/11 10	48 UU	16 10/-	1 4-100
	111111111111111111111111111111111111111	ed the deceased from	1000	10-110		L, that (I) (we) last
	sow the deceased alive on The State of the sound of the s	ond that	death occurred ava	M, fram the c	causes and on the	dote stoted obove.
	10 Marie 11/1/11/11/11/11/11/11/11/11/11/11/11/1	7	ATTENDING	STA	ee >	22b. DATE SIGNED
	1. Veni urvi	4	M.D. PHYS.	RECTOR PHY		HECO!
/	22 PHYSICIAN'S NAME (Type)	V	22d. ADDRESS			1= 15=
	R. Lane Wroth		M.D. St.	Michaels	, Maryland	12/5/61
239		23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town, or county)	(Stote)
1	REMOVAL (Specify)	7 - D.		PINECE	ILLE	NARRVIA
74	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS.	(F) 250 PEC	D BY REGISTRAR	25b. REGISTRAR'S SIG	SNATURE
	11/100 - 1 +2 8	Loulon h	DATE CO			
1	MULLATIV	111811111111111111111111111111111111111	DATE	/ 767	1 1 0 L	

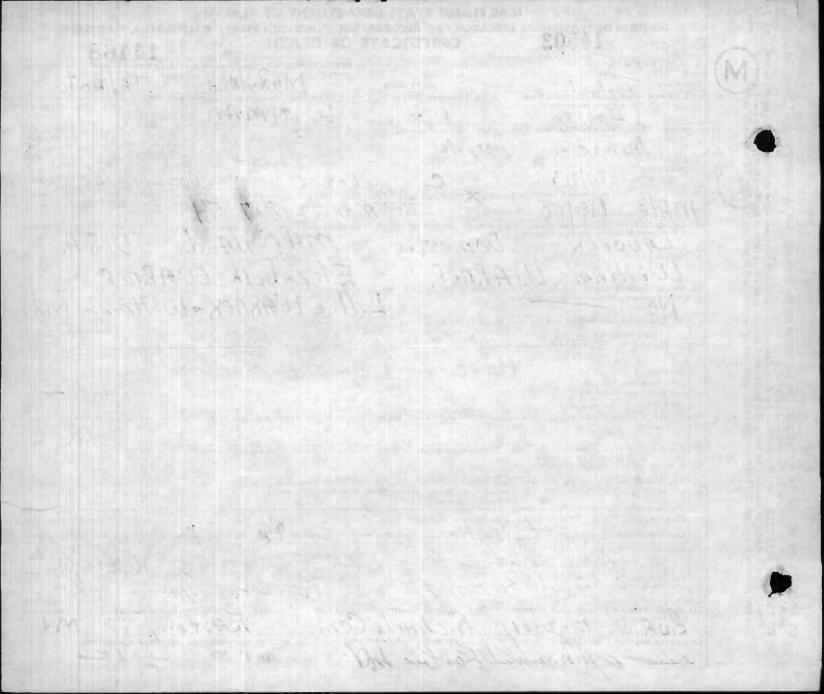


þ .5 within executed completely carbón and physician remove attending plea physician. þ Signed attending has been the Ö After this certificate use as detached for DIRECTOR:

hours 0 Prior O FUNE director, Filed VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution: Resided ce before edmission) a. COUNTY b. COUNTY 0 MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Journal of Corporate limits, write RURAL end give neerest town) write RURAL end give nearest town) Eastin d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS . IS RESIDENCE ON A FARM? NO 3. NAME O First Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH 19 5. SEX IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED Months WIDOWED [DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? ng most of working life, even if retired) CEASED EVER IN U.S. ARMED FORCES unkown) | (If yes give wer or detes of service) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)

13. FATHER'S NAME 18. CAUSE OF DEATH |Enter only one cause per line for (e); (b), end (c). DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY ERFORMED? NO CERTIFIE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. 21. I certify that (1) saw the deceased from the causes and on the date stated above, 22a. SIGNATURE 22b DATE ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b. NAME OF CEMETERY, OR CREMATORY DATE THEREOF 23d. LOCATION (City, town or county) (Stete) 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY arthur S. Times DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 14504 Reg. Dist. No.1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) O 5.196 ton d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO NAME OF Middle 4. DATE Month Yeor Day DECEASED (Type or print) 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. ISEX 8. DATE OF BIRTH Months Days DIVORCED [WIDOWED [BIRTHPLACE (Stole or foreign county) altru 100 JUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (0) Teres **DUE TO** Conditions, if any, which gove rise to immediate DUE TO coese (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while 19 of work of work p. m. 21. I certify that I attended the deceased fram, and that death occurred at A.M. fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED NAME (Type) 220. BURIAL CREMATION. 22b, DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) page OYAL (Specify) CC1/6 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) DATEDEC 15M 9/SS 203313

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		A CONTRACTOR OF THE PARTY OF TH
	A STATE OF	

after death

and in any event, within 72

the State Board of Health prior to burial, cremation, or removal,

page 3 shauld

	DIVIS	MARYL SION OF STAT	AND STATE I	DEPARTMENT OF AND RECORDS — BALT		• •			
	4505			TE OF DEATH			1.1	4+71	2
1. PLACE OF DEATH o. COUNTY	ALBOT		MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	here deceased	lived. If institution: b. COUNTY Caro		e admissi	ion)
b. CITY OR TOWN RURAL ond give	(If outside corporate liminearest town)	hits, write c. LE	I days	c. CITY OR TOWN (IF		ote limits, write RURA	AL and give near	rest town	
d. NAME OF HOSI OR INSTITUTION	FASTEN MC	menal	Hesp.	d. STREET ADDRESS East Cents	ral Ave	nue		ON A YES	FARM2
3. NAME OF DECEASED (Type or print)	Cha	ilee	Perry	wright	4. DATE OF DEATH	Kee	3		reor 1961
s. sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED TO	8. DATE OF BIRTH August 15.188			UNDER 1 YEAR	Hours Hours	R 24 HRS. Min.
10a. USUAL OCCUPA during most of w Retired Lu	TION (Give kind of work orking life, even if retired mber Yard &	d) (b	of Business or Indi	USTRY 11. 81RTHPLACE (Stote	or foreign cou	mtry) deralsburg	12. CITIZEN OF		OUNTRY?
James E	3. Wright			14. MOTHER'S MAIDEN					
15. WAS DECEASED E	VER IN U. S. ARMED FO (If yes, give war or dates of World War I	service)		informant irs. Effic Cov	ey, Pro	Address eston, Mar			
	EATH [Enter only one of EATH WAS CAUSED BY: IMMEDIATE CAUSE (ouse per line for o) Acute	(o), (b), and (c).] coronary o	cculsion Sc	lovd	allank	INTE ONS	RVAL 8E ET AND 2 min	TWEEN DEATH nutes
Conditions, if gove rise to	immediate	Acute	Coronary 0	*				ov.	22 , 196
lying couse los	g the under-	Arteri		Heart Disease				?	
PART II. C	THER SIGNIFICANT CO	nditions <u>cont</u> e	BUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVEN	IN PART 1(o)	PERFO	RMED?
20a. ACCIDENT V OR CONTRIBUTION	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)		HOW INJURY OCCURR	ED. (Enter noture of injury in	Port or Port	II of item 18.)			FER
20c. TIME OF INJ	1. 10		Not while f	PLACE OF INJURY (Home, farroctory, street, office bldg., etc.		or town)	(County)		(Stote)

22

3____ 19_61, that (1) (we) last 1967, to Dec. Dec 3 ___ 1961 , and that death accurred at 1961, from the causes and an the date stated above.

saw the deceased alive an 22o. SIGNATURE

23b. DATE THEREOF

ATTENDING PHYS. STAFF PHYS. MED.
DIRECTOR M.D. 22d. ADDRESS

22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify)

E. Lennon, M. D.

21. I certify that (I) (this haspital) attended the deceased fram. Nov.

1961

Federalsburg, Md

23d. LOCATION (City, town, or county)

(Stote)

24_EUNERAL DIRECTOR'S SIGNATURE

ADDRESS.

23c. NAME OF CEMETERY OR CREMATORY

25a. REC'D BY REGISTRAR '61 DOEC 6

25b. REGISTRAR'S SIGNATURE Comma S. France

TO FUNERA

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. State of tables I de souls

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dor

13.

15. (Yai

CERTIFICATION

MEDICAL

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)

Burial 24 FUNERAL DIRECTOR'S SIGNATURE

Jan. 2,1962

	MARYLAND STATE D			ORE 1, MAR	YLAND
14506	CERTIFICAT	TE OF DEATH		4.4	1171
LACE OF DEATH		2. USUAL RESIDENCE (Where			e patore admission)
TALBOT	MARYLAND	a. STATE Maryland	b. COUN	Dorchest	er
. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co Hurlock		RURAL end give r	iearest town)
EASION	2 days	d. STREET ADDRESS		07	I . IS RESIDENCE
MEMORIAL H	OSPITAL	R.F.D. #	2		ON A FARM?
VAME OF DECEASED Type or print) PEAR L	LOUISE WR	Lest 4. DATE OF DEAT		- 30	Yeer 19 6 /
		. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Fomolo Moore		October 21,1961	last birthday) yrs.	Months Bays	Hours Min.
USUAL OCCUPATION (Give kind of work e during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR		or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
Infant	None	Dorchester Co.,	Maryland	U.S.A.	
FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Pleze Williams		Bertha Wright			
WAS DECEASED EVER IN U.S. ARMED FORCE , no, or unkown) (Ifyasgivewarordatasofserv	ical	Bertha Wright, Hu	rlock, Md	., R.F.D.	
18. CAUSE OF DEATH Enter only one ca	use per line for (a), (g, end (d.)	4	A		ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause	Bilateral	Brovelop	neun	riel	JET AND DEATH
(a), stating the underlying DUE TO					
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	E CONDITION GIV		9. WAS AUTOPSY PERFORMED? YES NO
208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURED), (Enter natura of injury in Part I or Par	t II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		CE OF INJURY (Homa, farm, 20f. (Clory, streat, offica bldg., etc.)	City or town)	(County)	(Stata)
21. I certify that (1) (has hospital saw the deceased alive on the terms of the saw that the same than the saw that the same than the saw that the s	2 ./ 4 / 91/ . /	death occured at 4.50M, from			
22a. SIGNATURE	111	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	3/0	Ou go
22c. PHYSICIAN'S NAME (Type)	4 GALLINA	L 22d. ADDRESS	m	1	1

23c. NAME OF CEMETERY OR CREMATORY

Washington Cemetery

Federalsburg, Md.DATE

(State)

23d. LOCATION (City, topy or county)

Hurlock, Maryland, R. J 25a. REC'D BY REGISTRAR'S SIGNATURE

VR A15 (4) 1SM 7/61

THE LA STREET, D. C. Mark of the Control of the sales of the sale G Ch & Katalan & Law Bodhalanara, Milan Carlo

IO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

4 may be retained by the hospital or attending physician.

IO FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and completely.

director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Gges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

	OLK III IOA IA OI	14	472
	III a. COUNTY	TATE Mary County b. COUNTY	prie beford admission)
1		IN OR TOWN IN outside corporate limits, write RURAL and give	nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddives) d. S1 HS TON Menorial Hespital	204 L. Harrison	e. IS RESIDENCE ON A FARM? YES NO
1	3. NAME OF First Middle Myors Writer (Type or print) Middle Myors Writer	Lest 4. DATE Month Day QATSON DEATH Day 22	Year 196/
1	5. 35x 6. COVE OF RACE 7. MARRIED MEVER MARRIED 8. DATE OF AUG 3	BIRTH. 99. AGE (In years IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life even if refired)	RTHPLACE (Country & State, or loreign country) 12. CITIZEN (OF WHAT COUNTRY?
	13. FATHER & MAME B. Myers. 14. MOT	LIGURA Chapman -	Λ
	15. WAS DECEASED EVER IN U.S. ARMED/FORCES? (Yes, no, or unkewn) (If yes give were of de bofservice) (If yes give were of de bofservice)	ancio D-Wryat To aruola	Med
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)		TERVAL BETWEEN NET AND DEATH
	Conditions, if any, which (b) When Allras	in Cerebal) 3	3 years-
	gave rise to immediate cause (a), stating the underlying cause last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nat of tither, notify medical examiner)		19. WAS AUTOPSY PERFORMED? YES NO
		ture of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hour a.m. While Not While at work at work at work	JURY (Home, farm, 20f. (City or town) (County) office bldg., etc.)	(State)
	21. I certify that (I) (this hospital) attended the deceased from	113=	
	M.D. PHYS		15 SIGNED
	1 1/1/2002 1AM L. WITTELS 2	10 & Daver Eastor	md.
	23a. BURNAL, CREMATION, 234 DATE THEREOF 23c. NAME OF CEMETER OF CREMATION, 234 DATE THEREOF 23c. NAME OF CEMETER OF CREMATION, 234 DATE THEREOF 23c. NAME OF CEMETER OF CREMATION, 234 DATE THEREOF	014. Caslon My	regland
	Maurice E. Nelman & Jan Ray tow, Md	DAREC 2 9 '61 O Thur S. Hund	TORE

THE RESIDENCE OF STREET OF THE PERSON OF THE William & Millers Charante Chapenery The Talles I was to the deep the THE STATE OF THE S